

Sevacare (UK) Limited

# Sevacare - Coventry

## 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

About the service: Sevacare Coventry is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including, older people, people with mental health needs, and people living with dementia. The service provides long term support to people and a short-term, fast response service for up to six weeks. The short-term service supports people ready to be discharged from hospital to return to their own homes. At the time of the inspection visit the service supported 280 people.

People's experience of using this service:

Staff understood how to keep people safe and protect them from avoidable harm. There were safe procedures to manage people's medicines and to prevent the spread of infection.

People's needs were assessed to ensure they could be met by the service. Staff knew about the risks associated with people's care and management plans had been completed for all identified risks.

Staff were recruited safely, and there were enough staff to provide the care and support people required. However, some people had not always received their care visits at the times expected.

Staff received training and support to be effective in their role.

People made their own decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005.

Where required, people were supported with their nutritional needs and to maintain their health and well-being.

Staff were caring and respected people's rights to privacy and dignity.

People were involved in planning their care and were consulted about the care provided.

Care plans contained the information staff needed to provide personalised care.

Systems were in place to manage and respond to any complaints or concerns raised. The recording of outcomes and any learning from complaints needed improvement.

The provider understood their regulatory responsibilities and had effective processes for assessing and monitoring the quality of the service.

Rating at last inspection: Requires Improvement. We found three breaches of the regulations and rated the service requires improvement in the key areas of, safe, effective, responsive and well led. The last inspection

report was published on 1 June 2018.

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection. We had also received concerns about the service that we had referred to the local authority and to the provider to investigate, which we needed to review. The overall rating for the service has changed to good, with improvement required in the key area of responsive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

## 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 not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Sevacare - Coventry

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** One inspector, and two expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

**Service and service type:** Sevacare Coventry is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people and people living with dementia. CQC regulates the personal care provided. The experts by experience supported the inspection by making phone calls to people who used the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was unavailable on the day we visited the office. The office visit was supported by the service director and the branch manager.

**Notice of inspection:** This comprehensive inspection took place on 23 May 2019. The inspection was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure the managers and other staff would be available to speak with us.

Inspection activity started on 26 March 2019 and ended on the 23 May 2019 when we visited the office location to meet with the managers, speak with staff; and to review care records and policies and procedures.

**What we did:** Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. This included concerns and complaints we had received and information the provider must notify us about, such as allegations of abuse. We reviewed the Provider Information Return

(PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioners for the service. The commissioner told us they had identified several concerns at their monitoring visit in early 2019. They had been working closely with the managers, who had made the required improvements to the service.

We spoke with a service director, the branch manager, the deputy manager, two care co-ordinators, a team leader and three members of care staff. We also spoke with 19 people, and 12 relatives of people who used the service by telephone.

We reviewed a range of records. This included, five people's care records, including daily records, risk assessments and medicine records. Three staff personnel files, including recruitment, induction and training records. Records of complaints and the provider's quality audits and checks.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- At the last inspection we found a breach of the regulations as the provider had not always ensured care and treatment was provided in a safe way. Risks to people's care were not always assessed, monitored and reviewed to keep people safe and some risks that had been assessed were not accurate and up to date.
- At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.
- People had an assessment of their care needs completed at the start of the service. This identified any potential risks to providing their care and support. For example, where people required support to move around, information was available so staff knew how the person was to be moved to keep them safe.
- Staff knew about risks associated with people's care and had completed training to manage people's risks and keep them safe. This included, helping people to move, and administration of medicines.
- Some people required checks on their skin to make sure it remained in good condition. Care plans reminded staff to check people's skin on each visit and apply prescribed creams to prevent deterioration.
- A staff member told us, "Where people are at risk of pressure sores we prevent these by applying cream, washing and drying them properly and monitoring skin for any redness. Any concerns I would be straight on the phone to the office."
- People confirmed staff carried out checks to make sure their skin remained in good condition. A relative told us, "If [person] has problems on their skin they tell me and advise me to get what is needed. I ask them to check on certain areas and keep them clean and they do."
- Records confirmed staff checked people's skin as required and referred any changes to the family, district nurse or GP.

Using medicines safely.

At the last inspection we found a breach of the regulations as the provider had not always ensured the proper and safe management and administration of medicines.

- At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.
- People who were supported to take their medicines, had a risk assessment and a care plan completed so staff knew what medicines people were prescribed.
- Most people we spoke with managed their own medicines or were supported by family to take them. People who were supported by staff were satisfied with how staff supported them to take medicines. One person said, "Yes, they do remind me about my tablets very carefully. That way they are being done on time, and she makes notes of all that."
- Some people told us if care staff were running late they took their medicines themselves; or had someone who could support them to take medicines at the correct time.
- Staff had been trained to administer medicines and had competency assessments completed to make sure

they understood how to manage medicines safely.

- Staff told us the medication training supported them to administer medicines safely. One said, "The training covered all elements of administration and how to record, including recording on MARs which was very helpful."
- Staff signed a medicine administration record (MAR) to confirm medicines had been given.
- Staff recorded in the daily records that medicines had been given.
- Staff told us the procedure for recording medicines had been improved since our last inspection. One said, "We now write things in more detail in people's log books such as the time people are given medication. So that the next member of staff knows exactly when it was given."
- Completed medication records were returned to the office monthly for checking.

Systems and processes to safeguard people from the risk of abuse.

- People felt safe with the staff that visited them. One person told us, "I definitely feel safe and although sometimes their English isn't so good I have never felt unsafe or uncomfortable with any of them. I think they know what they are doing."
- Staff understood how to protect people from the risk of abuse. They had completed training, knew how to recognise abuse and understood their responsibilities to report concerns to the managers.
- One staff member told us, "We have been given safeguarding numbers and mental capacity information and this is also in the staff handbook. We have the numbers for the safeguarding team, but I don't think I would need to contact the local authority as the manager would deal with anything of concern."
- The managers knew the procedure for reporting concerns to the local authority and to us (CQC). They had shared information, when required to ensure any allegations or suspected abuse were investigated.
- Staff knew about the provider's whistleblowing procedure and said they would report poor practice or any other concerns about staff to the manager or provider.
- A staff member told us how they had used the procedure. They said, "I wasn't happy with a member of staff and how they moved a client (person). I contacted the manager and put this in writing. I felt confident raising concerns with the manager who assured me it would be kept confidential, and I know they dealt with it."

Staffing and recruitment.

- There were sufficient staff to ensure people received all their care calls.
- Staff had enough time to provide all the support people required. One staff member told us, "We stay as long as it takes to do everything people need. If someone is unwell we may have to stay longer than planned. We would let the office staff know so they could tell the next person we were running late."
- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff recruitment files showed Disclosure and Barring Service (DBS) checks and references had been obtained before staff started work.

Preventing and controlling infection.

- Staff understood their responsibilities in relation to infection control and hygiene.
- People confirmed staff washed their hands and wore single use protective clothing when required. One person told us, "They all wear the disposable gloves and some wear an apron too. They look professional."

Learning lessons when things go wrong.

- Staff understood the importance of reporting and recording accidents and incidents so planned care could be adjusted and people remained safe.
- The management team reviewed accidents and incidents to prevent reoccurrence and to identify any learning.
- Accidents and incidents were recorded electronically and shared with the provider who monitored these

for trends and patterns.

- There had been one accident since the last inspection; there were no identified trends or learning.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this. Regulations were met.

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 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.

- At the last inspection we found a breach of the regulations as the provider had not always ensured people's capacity to make decisions was established in line with their responsibilities and the requirements of the MCA 2005.
- At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.
- The managers understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- Records demonstrated people's consent to care was sought and people's rights with regards to consent and making decisions were respected by staff.
- Where relatives, or others involved in people's care had the authority to make decisions on people's behalf, this was recorded in their care plan. This included what decisions the person had authorised them to make.
- People using the service made daily decisions for themselves, or with the support from relatives and staff. A manager told us, "Everyone we visit has capacity to make daily decisions for themselves or with the support of families."
- Staff had completed training in MCA and understood how this affected their practice. One told us, "MCA is about people having the rights to make their own decisions. Everyone I visit can make decisions about their care and support."

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

- People's needs were assessed before they started using the service. One person told us, "They came out and they checked it all with me and it was all agreed. Since then they've done an extensive review... it was all set up and arranged in good detail."
- Where people received a 'short term' service the manager told us, "This usually requires a fast response. Where possible we arrange the assessment meeting for the morning of the day the care is to begin. This gives us accurate information about the person's risks and support needs."
- Care records documented people's support needs and were kept under review to identify any changes.

Staff support: induction, training, skills and experience.

- Staff received an induction and training when they started work at the service. They worked alongside experienced staff to get to know people and understand how people wished to be supported. A new member of staff told us, "When I started I had to complete induction training. This included manual handling and medication, which was face to face training and all other mandatory e-learning."
- The provider had a regular training programme for staff to complete. Records showed staff training was up to date and kept under review.
- Staff spoke positively about the training provided. One said, "Following e-learning they go through lots of questions to make sure you have understood. Particularly medication as its important to get this right. They double check everything which I think is good."
- People thought staff were sufficiently skilled and trained to support their needs.
- The provider also supported staff to complete further health and social care qualifications.

Supporting people to eat and drink enough to maintain a balanced diet: Supporting people to live healthier lives, access healthcare services and support

- Where people required support with meals and drinks they told us, this was done how they liked, food was well prepared, nicely presented, and that staff encouraged them to eat.
- Staff understood people's individual dietary needs and made sure people who required support with their nutritional needs had sufficient amounts to eat and drink.
- People we spoke with made their own health care appointments or had family who supported them to arrange these.
- Staff monitored people's general health and knew to report any concerns such as signs of illness, that might indicate the person needed healthcare support. For example a relative told us, "They might occasionally recommend that I get the doctor or nurse in, if her skin looks a bit sore"

Staff working with other agencies to provide consistent, effective, timely care.

- The management team and staff worked with health and social care professionals to improve outcomes for people. Such as hospital discharge teams, social workers, GP's and district nurses.

# 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.

Good: 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.

- Most people were happy with the care staff at Sevacare Coventry. One told us, "The carers are polite, and they are definitely nice people. They help me get ready and washed. It's all done with dignity. They ask me at each stage and they also ask if they can do anything else."
- People described staff as kind and friendly. Comments from people included, "The carer makes her happy and they can talk easily," and, "I'm very happy with them. I'm glad to see her [care staff]. She's like another friend."
- Staff confirmed they had time to talk with people during their care calls. One told us, "We have time to speak with people and have a conversation about their past lives. There is information in their care plan about their past but I like to ask people, it can bring back happy memories."
- People generally described staff as thoughtful and considerate. One person said, "Today I had done a bit of washing so she [care staff] put it in the dryer for me. She said she wished she could hang it out for me but then I wouldn't be able to fetch it in."
- Managers told us how Ramadan effected some people's care calls. For example, how they would arrange for calls to be later than usual to accommodate people fasting.

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

- People were involved in their assessment process, care plan reviews and made everyday decisions about their care.
- Staff understood people's communication skills. The managers told us some people's first language was not English and where they preferred to communicate in their first language, they were able to provide staff who spoke the same language.
- People we spoke with confirmed this, "The carer speaks Urdu as does my relative, so that makes it easier and they get on very well."
- Staff told us how they communicated with a person who was blind and profoundly deaf. "[Name] recognises you by touch and we use touch to explain what we are going to do. [Name] uses sounds to indicate happy or distressed and the staff who visit her have been going a long time so they know each other very well."

Respecting and promoting people's privacy, dignity and independence.

- Staff were considered polite and respectful by people. One person told us, "They are all female carers and I'm glad about that. They are all Asian and all caring and lovely people."
- People's confirmed their privacy and dignity was maintained. Comments included, "Yes my wash is done with dignity, she helps me just as I want and is very respectful of my privacy," and, "They do four or more calls a day.. whenever they help they do this with dignity, they never fuss but just help her and chat to her."

- Staff knew how to promote people's privacy and independence. For example, "Make sure you knock and let people know you are there before you enter. Always ask for consent and close doors and curtains when providing personal care.
- People were supported to do things for themselves to maintain their independence.
- The service provided a 'fast response' short term re-enablement service to support people to come out of hospital and return to their own home.
- Staff told us they had time to support people regain skills. One said, "We work alongside OT's to support people's mobility and help them regain their independence. One person uses a rotunda at the moment and wants to regain their mobility, we have time to help them do this."

# Is the service responsive?

## Our findings

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

RI: People's needs were not always met. Regulations have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care and support was planned with them when they started using the service. Each person had a care plan for staff to follow. Plans were reviewed as people's needs changed or annually if no changes were needed.
- We reviewed five people's care records that included care plans and risk management plans.
- Plans provided staff with information about how to support people in a way that met their needs and preferences.
- The provider used a different format for short term care plans. These were not as detailed as long-term plans due to the nature of the service. However, they provided staff with sufficient information to provide the care and support people required.
- Staff told us they had enough information in care plans to know what people required and how they liked this carried out. One said, "Care plans are really good, tells you everything, including risks. I have time to read these, particularly if it's a new call. So you know if people are independent and can do things for themselves."
- The managers told us they had implemented a different colour care plan for people living with dementia. This supported staff to know at a glance about the condition before they read the care plan.
- Some people told us staff did not always read care plans, so were not aware of people's health conditions that were recorded in plans.
- We asked people if care staff arrived at the times expected. People had different experiences. One person told us, "I do have a regular group of carers, and they are on time which helps me to continue to work part-time."
- However, other people said care staff did not arrive at the same time each day and many did not know when to expect them. For example, "They [staff] are often not on time and can come late or early. The time was arranged for about 9.00am but today it was nearly 11am when they arrived." Another said "I have a fairly regular group of carers but on many occasions, they are not arriving on time. There were no times agreed on the care plan from what I can remember."
- One person told us, "During a visit by a senior worker, I told her about the variation in times they are coming. It's frustrating for my wife. After telling the woman, for a little while they were earlier, but it's dropped back and at weekends it's not good."
- The managers were aware that some call times were inconsistent and had taken action to improve this.
- A staff member told us, "My calls are scheduled at the same time to the same people. This has improved recently, as calls are 'patched' now so we don't have to travel to different areas of the city. We are able to get to people around the times expected now."
- The provider used an electronic call planning system for planning visits to people and monitoring the time staff arrived and left people's homes. The system alerted the office if staff had not 'logged in' so late call could be picked up quickly.

- However during discussion with co-ordinators and managers it was identified this was not routinely monitored. The managers told us they were installing a large screen for monitoring the calls that could easily be viewed. In the interim the director took immediate action to ensure the system was routinely monitored.
- People said they mainly had regular care staff that they knew and who understood their needs and preferences.
- One person told us they were unhappy with their care. We discussed this with the managers. They were unaware of this and told us the person contacted the office regularly and showed us a recent satisfaction survey they had completed where no concerns had been raised. The managers told us they would arrange a care review with the person to discuss any issues.
- Information was available in large print and could be made available on different colour paper, and in other languages if required. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

Improving care quality in response to complaints or concerns.

- The provider had systems to manage and respond to any complaints or concerns raised. However, this had not been consistently implemented.
- Prior to this inspection we had received concerns from people and staff about how complaints were handled.
- The service director told us that following the departure of previous managers they had identified the provider's complaints procedure had not been implemented correctly.
- Complaints raised by people and staff had not been accurately recorded or looked in to.
- Since then, the service director and branch manager had reviewed all complaints received in the past 12 months and had appropriately recorded and investigated these.
- Complaints were record in a complaints folder and electronically sent to the provider who monitored these for trends and patterns.
- We noted that complaints recorded in the office did not always have the outcome recorded or a process for monitoring trends locally, so any learning could be quickly identified.
- The service director took action to add these areas to the current complaints record and advised the complaints record would be revised to incorporate these areas.

End of life care and support

- At the time of this inspection no one supported by the service was at the end stage of life.
- Care records contained information about people's end of life wishes, if they chose to share it.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we rated well led as requires improvement. This was because we found a breach of regulation 17, Good governance, as the provider had not ensured the service was safe and effectively managed. We also found breaches of two other regulations. At this inspection the provider had made the required improvements and was no longer in breach of the regulations.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager and the branch manager at the time of the last inspection had left the service and there had been a change of service director who had line management responsibility for the service.
- A registered manager from another of the provider services had registered to manage the service. The provider told us this was an interim arrangement until another registered manager could be appointed.
- A manager had been recruited and was in the process of applying to register with us.
- Since the last inspection we had received complaints about the service that we referred to the local authority and to the provider to investigate.
- These were around management of complaints, timing of calls, and staff attitude. We reviewed these areas during the inspection and found improvements had been made.
- The local authority commissioners told us they had worked closely with the managers over the past few months, and that the managers had made 'fantastic improvements to the service in a short space of time.'
- They also told us Sevacare had supported Coventry council during the winter pressure period this year, including 'always going the extra mile when they had requested support with other care packages'. The commissioner told us, "We have a good working relationship with them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care.

- The provider understood their responsibilities and the requirements of their registration. They had submitted notifications when incidents had occurred that they needed to tell us about, had completed their provider informant return when requested, and their latest CQC rating was displayed on their website as required.
- The management team understood their roles and responsibilities. The managers were motivated and enthusiastic about the service and the improvements that had been made and were planned.
- They told us about the improvements planned for the fast response service. Such as, having a designated team of care staff to support this service, and were meeting with the local authority to discuss this. Re-enablement training had been arranged for June 2019 to equip staff with further skills to support people using the fast response service.

- We found improvements had been made in all key areas since the last inspection. This included, areas we identified for improvement such as, the risk management and medication procedures. Capacity and consent processes and complaints management.
- The service director was in the process of auditing the service and had identified where further improvements were needed. They had an action plan which they monitored weekly and updated regularly.
- At the last inspection quality assurance processes required improvement. At this inspection improvement had been made.
- Staff also told us there had been improvements in the past few months. Comments included, "There has been lots of positive changes in the last four months since [branch manager and service director] have been here. Care plans have improved and are more detailed." Another said, "Everything has improved recently, its definitely working better."
- The provider held, 'Share best practice' management meetings, where good ideas and initiatives were shared. The managers said these meetings created good support between the managers and provided mentoring opportunities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Feedback from people, relatives and staff was encouraged through phone calls, review meetings and quality questionnaires. Surveys were also sent to professionals involved with the service. A recent survey had been sent, and were in the process of being returned.
- People were provided with telephone numbers, so they could contact the office if needed. People told us, "I can usually get through to the office. We have used the out of hours number. It's the same number but goes through to a call centre." Another said, "I pop into the office sometimes. I find the staff in there helpful and friendly."
- Staff had regular Individual meetings and observations of their practice to make sure they worked in line with the provider's policies.
- Staff felt supported in their role and able to raise concerns directly with the managers. One told us, "I know we [care staff] have the support from the office staff for anything, any concern or anything personal. They don't judge you at all." Another told us, "They have introduced a 'carer of the month' award, you get a voucher if you win. Anyone can nominate you for this."
- Staff said communication within the service was good. For example, "We get information by email and have just started to get newsletters, which are very useful as they remind you to do things."
- Staff were positive about the service provided and said they were happy in their work. One said, "I enjoy everything about my job. I love helping people and making a difference to their lives every day."
- We asked staff if they would recommend the service to a family member. All said they would. One said, "Yes I would, all the staff are friendly and good in what they do."

Working in partnership with others

- The management team had developed positive working relationships with people's families and health and social care professionals, such as the local authority, hospital discharge team, care management team, social workers, and district nurses which assisted in promoting people's physical and mental health.