Sevacare (UK) Limited

Sevacare - Nottingham

Inspection report

Unit 1, 248 Radford Boulevard
Nottingham
Nottinghamshire
NG7 5QG

Website: www.sevacare.org.uk

Date of inspection visit:
08 June 2016

Date of publication:
20 July 2016

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

This inspection took place on 8 June 2016. Sevacare - Nottingham is a domiciliary care service which provides personal care and support to people in their own home. On the day of our inspection 150 people were using the service.

The service had 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.

People told us that they felt safe when receiving support from the staff and staff understood their responsibilities to protect people from the risk of abuse. Any risks to people's health and safety were appropriately assessed and a management plan put into place to reduce the risks.

There were sufficient staff available to ensure that all calls could be allocated and any unplanned absences were covered. People received any support they needed to manage their medicines and action was taken to address any medicines errors and omissions.

Staff were provided with the knowledge and skills to care for people effectively and received regular supervision and support. People received the support they required to have enough to eat and drink and, where required, staff supported them to access healthcare professionals.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

People were cared for by staff who had developed caring relationships with them. People, or a relative, were able to be involved in planning their own care and making decisions. People were treated with dignity and respect by staff who understood the importance of this.

People did not always receive the care they required within the agreed time frames because staff sometimes arrived early or late. Staff felt that they did not always get the required amount of time to travel between calls. People could be assured that any complaints they made would be taken seriously and appropriately responded to.

The culture of the service was open and honest and staff felt comfortable raising issues of concern. The registered manager led by example and there were clear staffing and decision making structures in place. People were asked for their opinion about the quality of the service and there was an effective programme

of audits which resulted in improvements being made.

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 felt safe and staff provided the support they required to keep them safe and manage any risks to their health and safety.

There were sufficient numbers of staff to meet people's needs.

People received the support they required to manage their medicines.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received support through training and supervision.

People were asked for their consent and supported to make decisions.

People were supported to eat and drink enough.

Staff followed any guidance provided by healthcare professionals.

Is the service caring?

Good

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were able to be involved in their care planning and making decisions about their care.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive the care they required in a timely manner because staff often arrived early or late.

Complaints were appropriately investigated and responded to.

Is the service well-led?

Good

The service was well-led.

There was an open, positive culture in the service and people were asked for their views about the service.

There were clear decision making structures in place and the quality of the service was regularly checked and action taken to make improvements.

Sevacare - Nottingham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We visited the service on 8 June 2016, this was an announced inspection. We gave 48 hours' notice of the inspection because we needed to be sure that the registered manager 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.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views. In addition, the provider completed 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 our inspection we spoke with 14 people who were using the service, one relative, three members of care staff, a team leader, the registered manager and a representative of the provider. We looked at the care plans of five people and any associated daily records such as the daily log and medicine administration records. We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe when staff were providing care in their home. One person said, "I feel quite safe with the carer." People were supported by staff who knew how to keep them safe and what action they would need to take to report any concerns. Staff knew about the different types of abuse which can occur and told us they would not hesitate to report anything of concern. Staff had confidence that the registered manager would act appropriately in response to any incidents. The provider ensured staff were provided with the required skills and training to understand their role in protecting people.

Relevant information had been shared with the local safeguarding authority when any incidents had occurred. The registered manager had made the majority of these referrals and also submitted the required notification to the CQC. When any recommendations were made to reduce the likelihood of similar incidents happening again, the registered manager ensured that these were put into practice.

Steps were taken to identify ways to keep people safe and the care plans we looked at had information about how staff should support people to keep them safe. For example, one person's care plan noted that they could at times refuse to accept help with their care and become upset or confused. The care plan provided guidance to staff about how they could reassure the person to reduce any distress. The staff we spoke with had a good understanding of the different ways they worked with people to keep them safe.

The people we spoke with commented positively about the way in which staff supported them to reduce risks to their health and safety. We saw that steps were taken to assess and reduce any risks to people's health and safety when they first started using the service. A member of staff visited each person's property and carried out a comprehensive risk assessment. The level of risk of different factors such as falling and risks associated with people's home environment were assessed. Control measures were then identified, such as ensuring that relevant equipment was in place to assist staff in helping a person move around their home. The care plans we viewed confirmed that risk assessments were also reviewed on a regular basis.

The staff we spoke with told us that they were provided with information about the people they cared for prior to visiting them for the first time. This included information about risk management and any equipment that people may need to use. Staff were provided with regular moving and handling training to understand how to assist people to move around their home safely. In addition, staff were also shown how to operate individual pieces of equipment in people's homes before they used them. The care plans we looked at provided detailed information where required about how to safely support people as well as emphasising the importance of people being able to carry out tasks for themselves. Care plans contained information about any risks associated with people's homes and staff were aware of this information.

We received mixed feedback about staffing levels from the people we spoke with. One person said, "There are always a lot of new people. To be honest, everyone who comes is always in a big rush. I don't blame the carers though because I think they give them too many calls." Another person commented, "There are three or four different ones but it's always those same people." We were also told by another person, "They are never on time." However, other people commented more positively on the punctuality and turnover of staff.

The registered manager told us they had invested a lot of time in reducing staff turnover by putting into place additional support for staff as well as amending the recruitment process. This had resulted in lower turnover of staff and greater consistency for people using the service. There were sufficient numbers of suitable staff to ensure that all calls were allocated. Staff used a computerised system to calculate how many hours of care were required each week. This information was used to devise a rota to ensure that there were sufficient staff available to meet people's needs. Recruitment remained on-going to ensure there were always enough staff available to attend all planned calls and to cover for staff absence. The staff we spoke with told us that they felt there were enough staff and they were able to provide the required support in the allocated time.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions. The staff we spoke with told us appropriate checks were carried out before they started work.

The people we spoke with told us they were satisfied with the way in which staff supported them to manage their medicines. One person said, "I think they give me my tablets at the right time and they write everything down but I don't really know because I just have to trust them. They do put cream on my legs because I can't do it myself and they are very gentle."

Since our previous inspection efforts had been made to bring about improvements in the way that staff helped people to manage their medicines. Clear procedures were in place for staff to follow which helped them understand whether or not people required any support to take their medicines. Generally people received their medicines on time and as prescribed. Where there was a delay in people receiving their medicines staff took the appropriate action to ensure they followed safe practice. For example, staff might contact the person's GP or an out of hours service to take advice about any further action they may need to take to ensure people's safety.

The staff we spoke with told us they were provided with clear guidance and training in how to safely administer people's medicines. Staff were able to describe what action they would take should a person not receive their medicines as required. People's care plans contained information about what support, if any, they required with their medicines. Staff completed medicines administration records to confirm whether or not people had taken their medicines. These had not always been completed as required, however action was taken to identify any recording errors. Staff were offered additional support and training should there be any concerns about the way they administered and recorded people's medicines.

Good

Is the service effective?

Our findings

The people we spoke with provided mixed feedback about whether staff had received the training required to provide effective care. One person said, "They are really good." Another person told us that they felt staff had been well trained because staff handled their medicines in a safe and correct manner. However, we were also told by one person, "Staff don't always seem to know what they are doing. I'm not sure whether they are properly trained."

Staff were provided with a range of training during their induction period, such as safeguarding vulnerable adults and infection control. New staff undertook a check of their competency and knowledge before providing any care to people. The staff we spoke with told us that the induction process had been comprehensive and prepared them well for their role. Training was then refreshed at set intervals to ensure staff remained up to date with their skills and knowledge. The majority of the staff we spoke with told us they received the training they needed to carry out their duties competently. One staff member commented that they felt some additional training in caring for people living with dementia would be beneficial.

Staff received regular supervision and told us they felt supported by the registered manager and their team leader. The records we looked at confirmed that staff participated in regular supervision meetings where they could discuss any support they required and well as a discussion about their performance. The registered manager and team leaders carried out periodic visits to people's homes to observe staff practice. This opportunity was also used to obtain feedback from people about the competency of staff. We saw that support and retraining was offered to staff where it was felt their performance had not been satisfactory.

People were asked for their consent prior to their care package commencing. One person told us, "They spend loads of time writing stuff down and they have asked me lots of questions about what I like and that sort of thing." People were asked to sign their care plan and various consent forms to give their agreement to package of care that was provided to them. Where appropriate, people's relatives had provided consent on behalf of their loved one. The staff we spoke with told us that they always asked people for their consent before providing any care. Staff understood the importance of gaining people's permission and explaining what they were about to do.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA) and assessments of people's capacity were carried out. However, we saw that the records relating to these assessments was not always correctly completed. Whilst people's capacity to make a decision had been assessed it was not always clear what decision needed to be made or how a decision had been arrived at. The registered manager took immediate action to ensure that additional training was provided to staff regarding the MCA and the completion of relevant paperwork. The staff we spoke with had an understanding of the MCA and described how they supported people to make decisions where possible. The care plans we looked at described the importance of helping people make their own decisions and the support they may need to do so.

The people we spoke with told us that they were satisfied with the help staff provided in preparing meals for

them. Prior to a care package starting as assessment was carried out which determined if people needed any help to prepare their meals and drinks. This information was clearly recorded in people's care plans alongside any dietary requirements they may have. There was also detailed information available about the types of food people enjoyed and the way in which it should be prepared. For example, one person enjoyed food that they had eaten in their country of origin and the care plan gave instructions to staff about this. Staff told us they were made aware of this information and told us that they tried their best to ensure people had eaten a good amount of food before they left the call.

Staff were responsible for supporting some people to eat their meals and to have a drink. This support was provided in a way which met people's individual needs. For example, one person needed staff to sit with them while they ate their meals and other people required prompting or reminding to eat their meals. There was information in people's care plans which described the level of support each person needed. Where there were concerns about a person's nutritional intake staff were recording how much they were eating and drinking. Staff also ensured that people had some food and drink within reach before leaving their house.

Although staff were not always responsible for helping people to access healthcare services, they took steps to ensure people's health was monitored and that they took action when concerned about a person's health. The staff we spoke with told us that they had developed good links with local district nursing teams where people received support from a district nurse. Staff also reported concerns about people's health and well-being to a team leader or the registered manager. Where required, a call would be made to the person's GP to report any concerns about their health. Staff made appointments for some people and could also accompany people to their appointments.

Where guidance had been provided by a healthcare professional this was recorded in people's care plans and followed by staff in practice. For example, one person was at risk of developing a pressure ulcer and staff were required to regularly change the person's position and apply cream to their skin. This information was clearly recorded and daily records confirmed staff were providing this care. Staff also knew how to respond in emergency situations and were aware of the different services that could be contacted, such as paramedics and the 111 non-emergency telephone service.

Good

Is the service caring?

Our findings

The majority of the people we spoke with told us that staff were caring and that they had developed positive relationships with them. One person said, "I'm very happy with them." Another person told us, "The carers themselves are superb." The same person added, "They are brilliant and very kind." We were also told by another person, "It's like having mates round to visit." Some of the people we spoke with told us that they had a regular team of carers and that they appreciated having this consistency. Other people commented that there had been frequent changes to the staff who cared for them and had found it difficult to build relationships because of this.

Staff told us that they enjoyed their work and made efforts to build positive and caring relationships with people. Whilst staff acknowledged that this could be difficult due to the time limitations placed on each call, they told us that they would chat with people whilst providing their care. The staff we spoke with had a good understanding of the needs of different people and knew people's personalities, likes and dislikes. Staff were also aware of differences in people's preferences about their care, such as the gender of the care staff. Where possible, the same staff were assigned to care for people so that relationships could be developed over time. The registered manager told us that they aimed to assign the same staff to a set route each week in order that relationships could be developed over time. Whilst it was not always possible to do this, due to leave and sickness, efforts were made when planning staff rotas to ensure consistency. Staff told us they preferred this consistency and found it helped them build relationships with people.

Some of the people we spoke with felt that staff did not always have the time to stay and talk after they had finished any tasks that were required. The registered manager acknowledged that this could be an issue and should there be any concerns that there was insufficient time they would apply for additional funding. The care plans we looked at described people's needs in an individualised way and made it clear what was important to them. Care plans contained information about people's likes and dislikes and how this impacted on the way they preferred to be cared for.

People were able to involved in planning their own care, or a relative could be involved where appropriate. An assessment of need was carried out prior to the service starting and then regular care plan reviews were carried out. Information was also taken on board from a social worker's assessment where applicable. Regular contact was maintained with people to ensure that their involvement in planning their care was continued, although some people chose not to be involved. Some people told us that they had been involved in decision making at the start of their care package and that care plan reviews were carried out, although other people could not remember this taking place.

Staff understood the importance of involving people in making in their own decisions on a day to day basis. One staff member said, "I always ask what they want before I do anything. It is important we respect their choices." Staff also told us that they encouraged people to carry out as much of their own care as possible and offered people this choice. We were told by one member of staff, "I will ask people if they want to wash themselves and let them do as much as they can. We shouldn't just go in and take over."

The care plans we looked at confirmed that people, or their relatives, had been involved in making decisions about the care and support they wanted. Care plans were reviewed either in person or by telephone, if the person wished to be involved in the review. We saw examples where people's comments had been taken on board and changes made to their service, for example a change to one person's morning call had been made. Staff told us the information in people's care plans was useful and helped them to understand the way people wished to be cared for.

The majority of the people we spoke with told us that staff treated them with dignity and respect. Two people told us that there had been occasions where they had found a member of staff to be rude. These incidents had been reported and appropriately dealt with by the registered manager. The care plans we looked at described people and their care needs in a respectful manner. The level of detail in the care plans gave staff a good insight into what was important to each person and, where required, gave step by step instructions in how to carry out some tasks in the correct way.

People were cared for by staff who understood the importance of protecting their dignity and respecting their privacy. Staff had a good understanding of how to provide personal care in a way which protected people's dignity. For example, all staff told us they would make sure that people were appropriately covered when being given personal care. Staff also told us that they gave people privacy when required, such as by leaving the room when somebody wished to carry out some of their own personal care. Staff also told us that they may need to ask other family members to leave the room to maintain people's dignity and privacy.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke with told us that staff provided the care they needed and responded well to any changes in their needs. We received mixed feedback about the punctuality of staff, some people commented that staff did not always arrive within a reasonable timeframe. One person said, "I tell them what I need and they are always obliging." Another person told us, "They are usually on time." However, we were also told, "I just think they have too many calls to make." Another person commented, "They are never on time."

Staff were required to use a telephone system to log the times that they arrived at and left people's home. Staff attendance and punctuality was monitored by office staff using an electronic system during office opening hours. We saw that the office staff were proactive in monitoring this system and they called staff should they be running over 30 minutes late to check where they were. In addition, staff phoned the office to let them know if they were going to be late so that a message could be passed on to the next person they were due to visit. The information provided by this system showed that staff did not always arrived within the agreed 30 minute window. During the week prior to our inspection there were numerous occasions where staff had arrived between 30 and 60 minutes early or late. This meant that people did not always receive person-centred care because staff did not arrive at their preferred time meaning there were delays in them receiving and care and support they needed.

The staff we spoke with told us that they found they did not always have the required amount of time to travel from one person's house to the next. This was particularly felt to be the case where staff did not drive and instead walked between calls. Those staff told us that they felt the travel time between each person's house could sometimes be unrealistic. We saw examples of staff rotas which showed that there were occasions where calls were spaced five minutes apart. Although this was normally because the people lived very close together, this meant there was very little leeway for staff should they be delayed at their previous call.

The registered manager told us that they had plans to develop links with a local advocacy service and other community facilities as a way of helping people to avoid becoming isolated. They were also developing ways of encouraging service users to meet up with each other in order that they could develop friendships and spend some time out of their home. They told us that they would be speaking with staff who may be interested in taking on this project and felt it would benefit everybody who used the service.

People's care plans were reviewed on a regular basis and changes and additions were made when required. For example, one person's care plan had recently been rewritten because of an increase in their care needs and changes to the call times. Staff told us they were usually updated by the registered manager or a team leader when there had been any changes to a person's care. The staff we spoke with told us they were provided with enough information about people's needs before visiting them for the first time. Staff also told us that they would take the time to read people's care plans if there had been any changes or they were unsure about anything.

People were provided with a copy of Sevacare's complaints procedure when they started to use the service. In addition, regular telephone calls were made to people during which the staff would check if there were any issues that needed to be resolved. The complaints procedure was also placed people's care files so that they could easily access it should they need to.

We looked at the complaints that had been received since our previous inspection. Each complaint had been thoroughly investigated and a response sent to the complainant within a reasonable. The registered manager offered an acknowledgement and apology where they felt their service had dropped below an acceptable standard. The registered manager took action to improve the quality of the service after receiving a complaint, for example by changing which staff provided care to people. We also saw that a number of compliments had been received from people expressing their satisfaction with the service provided.

Good

Is the service well-led?

Our findings

The people we spoke with knew how to contact the office and felt comfortable and able to do so, although some people felt that communication within the office could be improved. One person said, "Staff in the office are really nice when you phone up but I don't think messages always get passed on." The culture of the service was open and transparent and people's feedback was encouraged and welcomed. During our visit we observed that staff handled calls from people using the service in a polite and professional manner.

The staff we spoke with felt there was an open and honest culture and that they were comfortable raising any issues and making suggestions about how the service could be improved. There were regular staff meetings which were organised by geographical area. This enabled all staff working in that area to meet up with either the registered manager or their team leader frequently. Records confirmed that the meetings were well attended and that open and frank discussions were held about staff performance. It was apparent that staff were encouraged to raise any issues they may have, for example some staff had raised that they felt rota planning could be further improved.

We were told by the registered manager that they encouraged staff to be open and honest, including reporting if they had made a mistake. Staff also confirmed that they would feel comfortable telling somebody if they had made a mistake and felt that they would be treated fairly and offered additional support. Staff also told us that they found the registered manager to be approachable and welcoming of any feedback they wished to provide.

The service had a registered manager and they understood their responsibilities. In addition, there were team leaders who provided day to day supervision and support for care staff. Not all of the people we spoke with knew who the registered manager was, however they did acknowledge they knew how to contact the service should they need to. The registered manager had made considerable efforts to ensure that people and relatives knew who they were and how to contact them if required. The staff we spoke with told us the registered manager led by example and felt that the service was well-led.

There were clear decision making structures in place and certain key tasks were delegated to staff at different levels, such as the supervision of care staff. The provider ensured that sufficient resources were available to provide staff with what they needed to carry out their work. For example, staff told us that their training was always kept up to date and that they never ran out of any personal protective equipment. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People's opinion about the quality of the service they received was sought and action taken to bring about improvements where required. Since our previous inspection each person using the service had been contacted and asked if they were happy with the care and support they received. Some people had received a satisfaction survey and the analysis of the results showed that people were mostly happy with the quality of the service. In addition, regular quality monitoring phone calls or visits were carried out where people had the opportunity to give their opinions and request changes to their care package. Where any improvements

had been identified an action plan was put into place to rectify issues that people raised.

The registered manager, team leaders and office staff also carried out various audits of the quality of care provided. Periodic, unannounced spot checks of staff were carried out to assess various areas such as their timekeeping, appearance and how they interacted with the person they were supporting. When running records were returned to the office these were audited. For example, checks were carried out of medicines administration records and financial transaction paperwork. Where there were any issues these had been identified and effectively dealt with. For example, a check of one person's medicines administration records identified that staff had not always recorded whether the person had taken their medicines or not. The auditor had spoken with the staff concerned and booked them onto additional medicines awareness training. A representative of the provider also carried out regular visits to the office to assess the quality of the service as well as offering their support to the staff team. The registered manager told us that they felt very well supported by their line manager. Records relating to people and staff were well organised and securely stored.