Sevacare (UK) Limited

Sevacare - Leicester

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Sevacare Leicester provides personal care and treatment for older people living in their own homes. On the day of the inspection the manager informed us that there were a total of 69 people receiving care from the service.

A registered manager was not in place. 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. The current manager and the area manager stated that the application for registered manager was to be submitted in the near future. This issue will be monitored by us as it is a condition of the registration of the service that there is a registered manager in post.

Risk assessments were not consistently in place to protect people from risks to their health and welfare. Staff recruitment checks were not always in place to protect people from receiving personal care from unsuitable staff.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care from staff. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

We saw that medicines were, in the main, supplied safely and on time, to protect people's health needs.

Staff had received training to ensure they had skills and knowledge to meet people's needs, though this had not covered some relevant issues.

Not all 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. Assessments of people's capacity to make decisions were not fully detailed to determine whether they needed extra protections in place.

People and relatives we spoke with all told us that staff were friendly, kind, positive and caring. They told us they had been involved in making decisions about how and what personal care was needed to meet their needs.

Care plans were individual to the people using the service to ensure that their needs were met though this did not include all relevant information such as all of people's preferences, likes and dislikes.

People and relatives told us they would tell staff or management if they had any concerns, they were confident these would be properly followed up. Some comments had not been reported to be followed up

appropriately.
Most people and relatives were satisfied with how the service was run, though there were concerns about some calls not being on time. Staff felt they were supported in their work by the senior management of the service.

Notifications of concern had been reported to us, as legally required, to enable us to consider whether we needed to carry out an early inspection of the service. Management had not comprehensively this 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?

Requires Improvement

The service was not consistently safe.

Risk assessments and practice to protect people's health and welfare were not fully in place to protect people from assessed risks. Staff recruitment checks were not comprehensively robust to protect people from receiving personal care from potentially unsuitable staff. People and their relatives thought that staff provided safe care. Medicines had, in the main, been supplied as prescribed.

Is the service effective?

Good

The service was effective.

Staff were trained, in the main, to meet people's care needs, though some training was needed to comprehensively cover all people's care needs. Staff had received support to carry out their role of providing effective care to meet people's needs. People's consent to care and treatment was sought though more action was needed so that this was always in line with legislation and guidance. People's nutritional needs had been promoted. People's health needs had been met by staff.

Is the service caring?

Good

The service was caring.

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

Is the service responsive?

Requires Improvement

The service was not comprehensively responsive.

People and their relatives were, in the main, satisfied that staff met their needs. Care plans contained information on how staff should respond to people's assessed needs, though information on responding to people's preferences and lifestyles was limited.

Call times have not always been on time to respond to people's needs. Complaints have not all been recorded and acted on. The manager was aware of contacting other relevant services when people needed additional support.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems had not been comprehensively audited in order to identify where action was needed to supply a quality service. Most people and their relatives thought it was an organised and well led service. Staff told us the senior management staff provided good support to them. They said the manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs. Legal notifications had been sent to us.

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 3 May 2017. The inspection visit was unannounced on the first day. 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. Our expert for this inspection had experience of the care of older people.

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 also 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. The local authority commissioning unit stated that there had been issues with regard to meeting the needs of people using the service, but the current manager was working to ensure that the service improved and met people's needs.

During the inspection we spoke with five people who used the service and seven relatives. We also spoke with the current manager, the area manager, and three staff who provided personal care to people.

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

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with and their relatives thought when they received personal care, staff had delivered this safely. They told us that staff kept people safe when they were with them. A person told us, "I feel perfectly safe with staff." Another person said, "When I have a bath they check the water to make sure I do not burn myself when I get into the bath." A relative told us, "They make sure he is safe by following him up the stairs when he goes to have a shower. They make sure he is seated properly on the shower seat so he doesn't fall off."

When we started the inspection we were told by the manager and area manager that they had already identified that care plans and risk assessments to ensure people's needs were met, did not contain enough detail. They were working to ensure this was rectified. This was reflected in the fact that we saw that people's care and support had not always been planned and delivered in a way that ensured their safety and welfare.

For example, a person had been assessed as having a risk of pressure sores. There was a risk assessment in place and directed staff to monitor the person. However, the assessment did not include important information such as the need to reposition the person to maintain the person's skin integrity and the frequency of doing this. When we checked the person's care records we saw staff had applied creams . There were also records of repositioning the person. This meant that in practice the person had received the care needed, but there was a risk this would not happen with new staff who did not have this knowledge for the person's needs. The manager and area manager acknowledged this issue. They said the risk assessment would be amended. After the inspection visit, the manager supplied us with this information.

We looked at the risk assessment to enable evacuation in case of a fire, for one person. This stated that staff needed to assist the person to evacuate. However, the person was difficult to move and bedbound. There was no specific information about how to assist the person to move. The manager said that the risk assessment was incorrect and it would not be possible to move the person. This meant that steps to prevent or reduce the fire risk to the person had not been safely managed. After the inspection visit, the manager supplied information as to how this situation would be managed to protect the person's safety.

We saw in a another person's records that the person could become agitated and display behaviour that challenged the service. However, there was no risk assessment in place for staff to manage this behaviour safely. The manager stated this would be followed up and information added to the care plan. After the inspection visit, she supplied us with information of how staff were to manage this situation.

A person identified as having diabetes did not set out the type of foods to be encouraged to maintain a healthy diet. When we spoke to a staff member about this, they were knowledgeable about the type of healthy foods to be offered to the person. However, for new staff not having this knowledge, this could mean that the person was not protected from foodstuffs that were potentially harmful to their health. The manager acknowledged this and said this issue would be followed up.

Staff told us they were aware of how to check to ensure people's safety. For example, they checked that all areas that people used for tripping hazards, and that hoists and chairlifts were safe to use. We saw information in place with regards to checking risks in the environment to maintain people's safety. For example, checking the state of repair of people's homes, the condition of electrical wiring, and the condition of flooring to ensure people were protected from tripping risks. This information assisted staff to ensure facilities in people's homes were safe for them to use.

We saw that staff recruitment practices were, in the main, in place. 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 and 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. All staff records we saw had a DBS in place. However, for one staff record we saw, a staff member had a previous conviction. There was a statement that this did not constitute a risk to people being provided with personal care. However, the risk assessment did not go into detail why this was the case. This meant that a robust system was not fully in place to prevent unsuitable staff members being employed to provide care for vulnerable people using the service.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. Staff were also aware who , and to report concerns onto if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were in place. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, the procedure contained in the staff handbook did not have the contact details of relevant agencies to report concerns onto. The area manager said this information would be included.

The whistleblowing policy contained in the staff handbook directed staff to a relevant outside agencies such as the police or the local authority. However, there were no contact details for staff to report their concerns to. The procedure only stated there was a separate procedure available from the office if they had concerns. If a staff member wished to whistleblow it would be unlikely they would request a procedure from the office they were reporting about. The area manager said this procedure would be amended. This would then supply staff with all relevant staff information as to how to action issues of concern to protect the safety of people using the service.

Some people and relatives we spoke with said that there had been no missed calls. A relative told us that approximately 7 months ago the service had missed calls but this had been rectified and this does not occur now.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about this. A relative told us that staff helped their family member to manage their medicines and stated, "They do see that she gets her tablets." Another relative said that staff also helped her family member with medicines. and added, "They ensure it is in the right place. Sometimes they write the odd note on multi-labels to help her in her memory. For example, they put a note next to her breakfast bowl to remind her about her tablets."

We saw evidence that staff had been trained to support people to have their medicines and administer medicines safely. There was also a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people. Where creams needed to be applied, there was a body map in place to direct staff as to where the cream should be applied and what type of creams needed to be applied

to the person.

We saw evidence in medicine records that people had largely received their prescribed medicines, although there were a small number of gaps which had not been explained on medicine records. For one person who received three medicines, there was no recorded frequency of times they needed to have these medicines. The manager said these issues would be followed up. After the inspection visit, we received information from the manager. This showed that staff had been reminded to always complete medicine records. Also, that the frequency of times for the medicines had been recorded.

Good

Is the service effective?

Our findings

People and relatives we spoke with thought that staff were trained to meet their family member's needs. One person said that staff were trained, "Pretty well. For example, they've got a good routine with us now ... they know how to do it .. they help me to shower." A relative told us they thought that staff were well trained. For example, they said "The last few days we've had a trainee come ... a new carer ...I feel confident to leave Mum with them." They said that staff 'fully know' how to use the hoist to support his family member to transfer safely.

Another relative told us that staff were well-trained; "The management of the agency have had two carers fully trained in how to put on the [stoma] bags. Someone came out from the general hospital to provide this training to the carers."

Another relative said that staff had been trained to meet the very specific needs of her family member. They thought this demonstrated good management.

Staff told us that they thought they had received training to meet people's needs. A staff member said, "I think I have had all the training I need to do the job." Another staff member said, "We are asked about training and whether we need any more."

Staff training information showed that staff had training in essential issues such as such as how to move people safely and keep people safe from abuse.

We saw evidence that staff had been supplied with some training about people's health conditions, such as training in dementia. However, training did not include relevant issues such as stroke care, mental health conditions and diabetes. Comprehensive training in these issues would assist staff to have an awareness of people's conditions so that they understood the issues and challenges that people faced. The manager and area manager stated that training would be reviewed to ensure that staff had access to training on these issues so they were able to meet people's needs.

We saw evidence that new staff were expected to complete induction training. This training included relevant issues such as infection control. We also saw evidence that new staff were expected to complete Care Certificate training. This is nationally recognised comprehensive induction training for staff.

Staff told us that when new staff began work, they shadowed (worked alongside) experienced staff on shifts. A staff member told us, "I had shadowing for three days. This really helped me." The manager stated that at the end of the shadowing period, if the new staff member did not feel confident and competent, could ask for more shadowing to gain more experience to meet people's needs. This meant new staff were in a position to confidently provide effective personal care to meet people's needs.

There were other systems in place to check that staff were providing effective personal care. For example, the service monitoring and review processes checked the competency of staff to deliver effective care to

people.

Staff felt communication and support amongst the staff team was good. Staff also told us they felt supported through being able to contact the management of the service if they had any queries. Supervision with staff had taken place. This helped to advance staff knowledge, training and development.

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 people they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

We saw evidence of assessments of people's mental capacity, and evidence that staff were directed to gain people's consent when supplying medicine. However, assessments of people's mental capacity were not always comprehensive. For example, a person living with dementia had a mental capacity assessment in place but this did not record whether the person had capacity to make decisions or not. There was no indication as to whether decisions made in the person's best interests were needed. The manager and area manager acknowledged this and said that these would be put into place. Not all staff we spoke with knew what their responsibilities were under the MCA. The manager said this would be followed up.

People told us that they said staff sought their consent when they provided care. One person said, "Staff ask me what I want doing .. I direct them…..If I don't want something that day ... I say no, leave it .. and they do."' A relative said that staff spoke to their family member, "All the time and explained what they're going to do and check with her before they do anything."

Staff were aware of their responsibilities about seeking consent as they told us that they asked people for their permission before they supplied care. This meant that staff respected people's rights to make decisions about how they lived their lives. Another relative said that staff respected family member's needs and wishes. For example, if their family member "doesn't want a morning wash, they don't do it."

A person told us that staff prepared food for them and said, "It's nicely done…this morning, they made me cheese on toast after I'd had a cup of tea…it was lovely." Another person said, "They give us whatever we want such as a sandwich, ready meal or jacket potato." A relative said that staff encouraged her family member to eat.

A relative said they have asked staff to monitor how much their family member ate. They said there was one issue where they had asked staff to record the date they open meat products, so that they know how fresh it is. However, most staff had not been doing this. They were worried that his family member could be given food that was not fit to eat. We spoke with the manager who said this issue would be followed up.

People and their relatives told us that food choices were respected and staff knew what people liked to eat and drink. People confirmed that, as needed, staff left drinks and snacks between calls so that they did not become hungry or dehydrated.

People told us that staff got medical help for them when they had a fall and had called the GP if they were not feeling well. For example, a person told us, "'I fell over and hurt myself ... the carer arrived and saw me ... she got an ambulance straight away ... she stayed with me until it arrived."' Another person told us, "They rang the doctor when I didn't feel well one morning ... they didn't hesitate.'

A relative said that staff always let them know if something had happened to their family member. Another relative said that staff always contacted them in the event of an accident. They said that if there was an issue, then the service would inform them. For example, her family member had a problem with their medicine and they were immediately informed.

We saw evidence in the minutes of the last staff meeting that the manager had emphasised to staff that changes in health care needs of people needed to be reported so that effective action could be taken. We saw in a person's care notes that when they had falls, relatives were informed and staff had rung the emergency services to obtain treatment. In another person's care plan we saw that the person had sores on their body and staff had reported this to obtain treatment. There was evidence that the nurse had been alerted and had visited to provide effective treatment. In another person's care records we saw that staff had noticed that the person had sore skin. Staff had rung the office to ask for a nurse to visit and this was arranged. This indicated that the service had effectively protected people's health needs.

Good

Is the service caring?

Our findings

People and their relatives we spoke with all thought that staff, were kind, caring and gentle in their approach. They said that staff always gave people time to do things and did not rush them. One person told us that staff, "Are like family to me."' Another person said of staff, "They're very respectful." Another person told us, "Staff are really good. They are careful and gentle, friendly and very caring. We always have a chat and laugh." A relative told us, "They always talk to him [person using the service]. They try to encourage him to talk." Another relative said, "Staff are friendly but some cannot speak English very well which can be frustrating." The manager stated she would follow this up. She later provided evidence that this had been done and she was looking into providing staff who could speak the person's language.

A relative told us that staff maintained their family member's privacy and dignity as they always made sure the bedroom door was kept closed. Another relative thought staff carried out personal care sensitively and listened to their family member's wishes. Another relative said that staff were, "Incredibly' friendly and helpful.

There was staff monitoring in place to check that the attitude of staff towards people had been friendly and caring. We also saw information in staff meeting minutes that staff were encouraged to ensure that people had adequate heating their homes. One staff member told us that they would always offer to provide a blanket for people if they felt cold despite the heating being on in the house. This displayed a caring attitude towards people who used the service.

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. People and their relatives considered that care staff were good listeners and followed preferences. They told us their care plans were developed and agreed with them at the start of their contact with the service and that they were involved in reviews and assessments when they happened. We saw evidence that people or their relatives had signed care plans to agree that their plans met their needs.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, one relative told us that, "They [staff] always provide a sandwich of his choice. Staff gave a choice of food, drinks and clothes. This was reflected in care plans we saw. For example, in one care plan it stated staff should provide a drink of the person's choice for breakfast.

Staff gave us examples of promoting people's privacy such as leaving people when they were using the bathroom, shutting doors when visitors were present and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. This was confirmed by the people we spoke with.

A staff handbook was provided to staff. This emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. We saw evidence from the last staff meeting that staff. This encouraged staff to have a caring and compassionate approach to people.

People told us that staff respected their independence so they could do as much as possible for themselves. A person told us that staff respected their independence; "They let us get on with it.' Another person said that staff encouraged them to do what they could. Care plans we looked at asked people what they were able to do for themselves which encouraged people's independence. People said that being independent was very important to them. The staff handbook emphasised the importance of promoting people's independence. This presented as an indication that staff were caring and that people and their rights were respected.

Care plans included people's religious, cultural and spiritual preferences to which provided information to staff on respecting people's beliefs. In one care plan, we saw evidence that the person's religious wishes had been detailed, such as having a religious artefact in their room that they prayed to and they liked listening to religious songs. This gave an indication that the service was mindful of people's religious and cultural preferences.

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us that staff usually responded to people's needs. They said that staff took the time to check whether there was anything else they needed before leaving. One person told us that staff were very attentive and always asked them if there was anything else they could do for them before they left the call. People and relatives told us that staff would do anything asked of them.

A relative told us they would recommend the service because staff were good and they let her know if anything was needed such as food supplies being short. They said, on one occasion, the electricity supply went down and they let her know straight away. She said, "I'm kept well informed and the support is there."'

A relative told us that someone from the service came out to discuss care needs and said, "We went through all this ... including having carers that double up to use the hoist."' They said that management staff always listened to what they had to say and any suggestions they made. Another relative said that they had been involved in putting together the care plan, "They did a lot of toing and froing, chatting over the phone."

Relatives said staff always said helpful things like "Do you want tea/anything else doing?" to their family member.

We found that people had an assessment of their needs. Assessments included relevant details of the support people needed, such as information relating to their mobility and communication needs. There was some information about to people's personal histories and preferences to help staff to ensure that people's individual needs were responded to. However, detailed information did not include all people's preferences and their likes and dislikes. The manager and area manager said this had been already identified and work was on hand to ensure this information was included in care plans and. by asking the person how they wanted their care to be provided. This will meant that staff were aware of people's preferences and lifestyles and worked with them to achieve an individual service.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that they could respond to these changes. We saw evidence of information about people's changing needs so that staff could respond to these needs.

A relative said that at the moment staff arrived on time:. "Previously, last autumn, there had been a problem with this but...there has been a big improvement." Another relative said that staff arrived on time and stayed the agreed length of time. Another relative said that staff arrived on time and stayed the agreed length of time. If they were going to be late, the agency always contacted them.

However, three relatives told us that staff could be very early for calls. One relative said that he had spoken to a member of the management staff about staff arriving 90 minutes early for the evening call when they assisted his family member to bed. However, he said no action had been taken to resolve this. The manager subsequently spoke with him and stated action would be taken to ensure the call time was correct to meet

his family member's needs. The management team said calls were grouped in areas to minimise staff travelling times. The manager contacted the other relatives and stated that calls would be made at the agreed and assessed times.

We looked at care records and found that a number of call times were earlier than the agreed time. For one person, the call time was 1.30pm but staff had come at 1pm, 30 minutes early.

We also saw evidence in the 2016 annual service user survey that indicated that calls made within a 30 minute limit was acceptable to the service. This is a substantial time for people to wait. The area manager said this would be reviewed with senior management.

A relative told us their family member used to have a lot of different staff but now they have regular, consistent staff members, which was appreciated.

Two relatives thought that staff should be able to communicate clearly with people by being able to speak the same language to an adequate standard. The manager informed us that these issues had been followed up.

A person told us that he had a review of his care every year to make sure staff could respond to any changing needs; and said, "Someone comes out and goes through everything."

A relative told us that they had raised issues with management because of the behaviour of a staff member. They said the service responded well and changed the staff member. She said "We were very happy with that." Another relative told us they made a complaint some time ago about staff not putting fresh meat in the fridge. They said this had been resolved, "It was clearly looked into."

We saw evidence in daily records that staff thought the reason for a person's behaviour was that the person was frustrated with not being able to go out. However, there was no evidence that this had been acted on such as discussion with the social worker to obtain more hours for outside activities. The manager said this issue would be followed up.

A relative told us that their family member needed regular, consistent staff. They said that at first 'he had random people,' but now he has regular staff. This responded to this person's needs.

A person said that staff would listen and clarify any issue for them. People told us they had information about how to complain in the information folder left with them by Sevacare Leicester.

The provider's complaints procedure in the service user guide gave information on how people could complain about the service. We looked at the complaints procedure. The procedure set out that that the complainant should contact the service. It provided information about referral to relevant agencies such as the complaints authority and the local government ombudsman. However, there were no contact details for these agencies. It also stated that CQC would investigate the complaint, which it does not have the legal power to do. The area manager said this would be discussed with senior management in the organisation to review the procedure.

We saw that some complaints had been made since the last inspection. There was evidence that complaints had been investigated and action taken as needed. However, one relative told us that they had complained about an early call to a team leader. This had not been reported to the manager and recorded so the complaint had not been investigated. A staff member told us that some time ago a person had complained

about a late call but this had not been reported to the office as they believed that the person needed to complain. This did not provide complete assurance to complainants that they would receive a comprehensive service which responded to their concerns. The manager stated that staff would be reminded that any issues of concerns should be reported and recorded in the future.

A relative said that the service was always ready to suggest other agencies or activities for her family member. Another relative said staff suggested other agencies for her family member to use, for example Age UK services. They had supplied her with phone numbers to follow up and this had been very helpful. This showed that the service was aware they needed to contact other agencies to ensure that people's personal needs were responded to.

Requires Improvement

Is the service well-led?

Our findings

We saw quality assurance checks such as medicine audits, call times and care records audits to check the quality of the care provided and to check that calls had been made within required times. However these were not sufficiently robust to ensure that they were able to measure the quality of the service to meet people's needs. For example, they had not always identified late or early calls, or that recording of the supply or prompting of medicines had always taken place. Medicine audits for March 2017 for one person stated that records were, "all signed." However, we found a gap in the record for the medicines for one day. Clearly, the audit was incorrect. Audits of risk assessments and practice to protect people's health and welfare had not identified they were fully in place to protect people from assessed risks. Audits of staff recruitment checks had not identified whether they were comprehensively robust to protect people from receiving personal care from potentially unsuitable staff. The manager stated that audits would be tightened to ensure that issues were identified and acted on. This will then indicate a well led service.

We saw evidence that people were asked what they thought of the service through telephone monitoring. Spot checks on staff had taken place to observe care being delivered and ask people what they thought of the service. We saw evidence of care workers' assessments. However, for one care staff the recording noted that the staff member needed to improve in delivering personal care. However, the rating was then indicated as being satisfactory without an action plan being put in place to ensure the staff member improved their provision of personal care.

The audit of daily care for March 2017 for one person stated, "No concerns." However, within the communication sheets for this month it indicated an issue that the person may need the assistance of an additional staff member. There was no evidence that this had been referred to the office and no evidence that the person had a reassessment of their needs. This does not indicate a well led service.

We saw a "service monitoring and reviews for individual service users form." This covered relevant issues such as people satisfaction, the attitude of staff, and whether staff were competent in carrying out personal care tasks. However, there was no analysis of this information as a whole to see whether any lessons needed to be learned.

These issues were was in breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Good Governance. You can see what we have told the provider to do at the end of this report.

People thought that the service was well led. One person told us, "They're quite happy to cooperate ... it probably has improved things… I'm quite happy though with what they're doing."

People told us they would feel confident about speaking to the management of the service if they needed to. One person told us, "I don't think they could improve the service." Another person said, "It's the best service I've had." One relative said they would recommend the agency because, "The carers do a good job as far as I'm concerned."

When asked if they would recommend Sevacare Leicester, most people and relatives we spoke with all said they would. One person said, "The staff are gentle, caring and respectful." Another person said, "I can have a good laugh with staff. They do whatever I ask them. They are very good." One relative told us "Yes, they are good staff. I have no issues with their manner." We saw a number of compliments in records such as, "The service provided by your carer… is brilliant."

Relatives told us they thought the service promoted a positive culture. One relative said they thought the service was honest and open. Another relative said that when they had raised issues, the service had been open and honest in their responses. This is an indication of a well led service.

A relative said that they thought the service was well managed apart from one issue that had not been resolved. However, overall they said the service seemed to be efficient. When we brought this to the attention of the manager, this was resolved. However, it appeared that the manager was not informed of the issue by a senior staff member, so the system in place had not worked to resolve the concern when it was first raised. This is not an indication of a well led service.

Another relative told us the service had improved over the last few months. However, they wanted senior staff to visit people and ask them if they're happy with their care. The manager told us that it was her intention to ensure she visited all the people using the service on a regular basis so that she got to know them and ensured their needs were met.

One relative thought the service could improve by providing copies of care plans to relatives, if they did not live near their family members. The manager said this would be followed up if people using the service agreed to this.

We saw evidence of the provider submitted relevant notifications to CQC. The manager was aware of the providers responsibility to notify CQC of incidents. We saw that the provider fulfilled the legal requirement of displaying the rating from the last inspection.

We saw evidence that the manager had raised the issue of the quality of care for people at a recent staff meeting. The minutes of the meeting emphasised important issues such as, reporting essential issues to the office so these could be dealt with and promoting confidentiality. Staff had been thanked for their hard work and they had been given the opportunity to raise any queries or concerns they had. This indicated the manager was proactive in trying to ensure a quality service was provided to people.

Staff had been provided with information in the staff handbook as to how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people. We saw evidence from the last staff meeting that the manager emphasised that staff always needed to be respectful to people.

All the staff we spoke with told us that they were supported by the manager. They said that the manager was available if they had any queries or concerns. This encouraged staff to provide quality care to people.

Staff confirmed that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people. We saw evidence of this in the records we looked at. This indicated that a system was in place to ensure staff had up-to-date knowledge of people's changing needs.

All the people and their relatives told us that they had care plans kept in people's homes so that they could refer to them when they wanted. They confirmed that staff updated records when they visited.

We saw evidence that a survey had been sent to people in 2016 using the service asking them what they thought of the care and other support they received. The manager acknowledged this had not been carried out for all people who used the service but it would be in the future. This will mean people will have an opportunity to state their experiences of the care and whether this needed to be improved. The area manager stated that surveys were due to be provided to relatives and outside professionals in the near future to obtain their views on the running of the service. The area manager supplied us with the template of a staff satisfaction survey which, she said, was due to be sent out to staff in the near future to see whether they were satisfied with the service and whether it needed to improve.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service had not thoroughly measured whether people were provided with quality services as audits had not comprehensively identified issues to promote and protect people's health and welfare needs.