Sevacare (UK) Limited

Sevacare - Lincoln

Inspection report

Eagle House
Exchange Road
Lincoln
Lincolnshire
LN6 3JZ

Tel: 01522690777
Website: www.sevacare.org.uk

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection of the service on 16 and 22 January 2019. Sevacare-Lincoln is a domiciliary care agency. It provides personal care to people living in their own homes. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

This was the second comprehensive inspection for this location. The service was previously rated overall 'Requires Improvement'. At this inspection the service remained 'requires improvement'. Although improvements had been made there remained issues relating to the consistency of staff and times of calls. Support was not always provided at the times people expected.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people. Staff had been helped to understand their responsibilities and to speak out if they had any concerns. There were arrangements for working in partnership with other agencies to support the provision of quality care.

There were sufficient staff to safely meet people's needs. Background checks had been consistently completed before all new staff had been appointed. A process for checking the quality of care people received was in place. People told us that they received person-centred care according to their wishes. Staff had received training and regular supervision and appraisal.

There were processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Most risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their independence was respected.

Medicines were managed safely.

Arrangements to prevent and control infection were in place.

Staff had been supported to deliver care in line with current best practice guidance. Records were not always clear about people's ability to consent to care.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive ways possible. People were helped to eat and drink enough to maintain a balanced diet. People

were supported to access healthcare services so that they received on-going healthcare support.

People were treated with kindness, respect and compassion. They had also been supported to express their views and be involved in making decisions about their care. In addition, confidential information was kept private.

Information was provided to people in an accessible manner. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to improve the quality of care.

Further information is in the detailed findings below.

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.

There had sufficient skilled staff to provide safe care to people.

Arrangements were in place to keep people safe.

Medicines were administered and managed safely.

Arrangements were in place to safeguard people against the risk of infection.

Is the service effective?

Good

The service was effective

Staff received training and support and systems were in place to ensure this was refreshed. Formal arrangements were in place to provide regular supervision for staff.

People's nutritional needs were met. People were supported to access a range of healthcare services.

arrangements to obtain consent to care and treatment was in line with legislation and guidance had been applied.

Is the service caring?

Good

The service was caring

People were treated with kindness and respect.

People received care according to their choices and preferences.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

People did not always receive their care when they required it. Care was personalised and people were involved in developing

their care plans.

A complaints policy was in place and people told us they knew how to complain. Where issues had been raised they had been resolved.

Arrangements were in place to support people at the end of life.

Is the service well-led?

Requires Improvement

The service was not consistently well led

The provider had failed to consistently address all the issues raised at the previous inspection.

Arrangements were in place to ensure the service was aware of best practice guidance and was followed.

Regular checks were carried out on the quality of the service provided to people.

Staff were supported in their roles and felt able to raise issues and concerns.

A registered manager was in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people.

The provider had notified us of accidents and incidents.

Sevacare - Lincoln

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 was a comprehensive inspection.

This was the second comprehensive inspection of this location. At our previous inspection the service was rated as 'requires improvement'. We found at this inspection although their had been a number of improvements the provider had failed to fully address concerns about the timeliness of visits. The rating remained 'requires improvement'.

This inspection took place on 16 and 22 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the relevant people would be available.

The inspection was carried out by an inspector and an expert by experience.

Before the inspection we looked at information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We also used information from the Provider Information Return. 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.

During the inspection we spoke with the registered manager, the area manager and four staff members. We spoke with 14 people who used the service and five relative by telephone. We looked at the care records for ten people who used the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

At the previous inspection in 2017 this domain was rated as 'requires improvement' due to concerns about the numbers of staff available to safely care for people. At our comprehensive inspection in January 2017 we identified that people were not adequately protected against the risks associated with insufficient staff to provide care in a timely manner. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a follow up inspection in 2017 and found the provider had recruited additional staff and was no longer in breach of regulation 18.

People and staff told us they felt there were occasions when there were insufficient staff particularly at weekends. Staff told us they felt this was mainly due to people failing to come to work due to personal issues such as sickness. However, the main concerns expressed by people who used the service related to times of calls. This issue is dealt with elsewhere in the report. The registered manager had made a number of arrangements to improve recruitment for example, offering summer bonuses and providing a flexible approach to staff. In addition they had reviewed working arrangements to facilitate more travel time for staff and reduce the number of calls they had to make to assist with timekeeping. However on occasions the staffing arrangements still failed to meet people's requests for specific times. This issue is dealt with elsewhere in this report.

We examined five records of the background checks that the registered persons had completed when appointing new members of care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. Checks had been made with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

People told us that they felt safe. A person said, "Well, I'm very satisfied. They just call twice a day at present and they are very nice. I'm quite safe and very satisfied. Yes, safe and I like them calling." The registered manager was able to demonstrate an understanding of their safeguarding responsibilities. People were kept safe as arrangements were in place in relation to safeguarding procedures. We found that the provider knew how to recognise and report abuse so that they could act if they were concerned that a person was at risk. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. When we spoke with staff they were not consistently clear about how they would report concerns outside of the organisation. However, we observed that information regarding this was readily available in the location.

People received their medicines safely. Staff supported people with their medicines. A medicine policy was available. We saw staff received training to ensure they were competent to administer medicines if required. Where people were prescribed 'as required'(PRN) medicines a process for providing protocols was in place. However, when we spoke with staff they were unable to tell us about these and we saw from recent medicine audits these had often been identified as not being in place. These are important to ensure people receive their medicines when it is needed. MAR charts were handwritten and we observed the format varied in records. We spoke with the registered manager about this who told us they were in the process of

replacing these to ensure they would be in a consistent format. Medication administration sheets(MAR) were fully completed.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. For example, risk assessments were in place to support people when being supported to move and who required support with nutrition. Environmental risk assessments were also in place to ensure staff were safe and the environment was suitable for providing care.

Suitable measures were in place to prevent and control infection. Staff we spoke with understood how to prevent cross infection and had received training about how to prevent the spread of infection. They told us they had access to protective clothing and knew when to use it. people we spoke with told us staff used protective clothing when providing care.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred.

Good

Is the service effective?

Our findings

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 law requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. We found that arrangements to obtain consent to care and treatment was in line with legislation and guidance had been applied. Staff we spoke with understood about consent and the importance of best interests decisions. However, it was not consistently clear in the records if people had capacity to make decisions and what if any decisions were required to be made in their best interests. This meant there was a risk staff were providing care which was not in people's best interests. When we spoke with the registered manager about this they told us they would review the care records.

Most people we spoke with told us they thought that the staff knew what they were doing and had their best interests at heart. We checked with the provider and found that training was provided according to the identified needs of staff and the people they cared for. Arrangements were in place to provide ongoing refresher training to ensure staff's core skills were up to date in areas such as fire safety, safeguarding and moving and handling. Introductory training had been carried out with new staff and this was in line with the National Care Certificate which sets out common induction standards for social care staff. The registered manager told us that people shadowed until they felt confident to provide care and the people they were caring for were also happy with their care.

The registered manager told us they provided regular support to staff and met them on a regular basis. Arrangements were in place for staff to receive both formal supervision and appraisals. These are important to ensure staff have the appropriate skills and support to provide safe care to people. Staff told us they could speak with the registered manager at any time if they needed to. Observations of care were also carried out by managers to ensure staff were competent in providing care. When we spoke with staff we found that they knew how to care for people in the right way.

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had established what assistance people required and support was provided accordingly. Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

People were supported to eat and drink enough to maintain a balanced diet. Records detailed people's personal preferences at meal times. Where required food and fluid charts were completed. However fluid charts did not detail the amount of fluid a person had taken. This meant it was difficult to monitor if people had received appropriate fluids to prevent dehydration. We spoke with the registered manager about this who said they would amend the documentation. Following our inspection we received a copy of a revised tool which included the required information.

Records detailed where people had specific health needs such as epilepsy and explained how to support people with their health needs. Where equipment was required to assist with people's care a record was maintained of this and regular checks were made on the equipment to ensure it was in good working order.

People were supported to live healthier lives by receiving on-going healthcare support. People told us staff looked out for their health and well-being and would get them a doctor or other service if needed. Staff we spoke with could tell us how they linked with other health services to ensure people had access to health checks, for example GPs and district nurses. Where people had ongoing health needs staff worked with other professionals to ensure their needs were met for example with occupational therapists for advice about supporting people to move.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care they received. They told us staff took the time to do their care properly, safely and with dignity. However, some people recalled the continuity of workers as difficult at weekends or when regular staff went on holiday. A person said, "The carers are very good. Yes, we are both relaxed with them here they are lovely."

One person told us, "Oh, the staff are my friends yes, they are more like friends to me and it's lovely that they call. They are all lovely." People were treated with kindness and were given emotional support when needed. We observed a person contacted the office because they had fallen. Staff ensured a member of staff was available to go to them and checked frequently the person was alright until the emergency services arrived. Another member of staff told us they had finished two hours late the previous night because a person required hospital admission and they stayed with them until the ambulance arrived.

People told us staff were considerate. They said they always asked if there was anything else they could do before leaving. One person said, "At dinner they bring that and ask if there is anything else I may need or any other way they can help. I've no complaints." Another person said, "They've been excellent. Well trained and they look for issues to help me with. Yes, they stay the full time, and they will go the extra mile for me. For example, one of the carers will be coming out specially to help me dress me on my daughters' wedding day." A staff member told us about a person who liked a particular television programme so they always tried to avoid calling t that time so they could watch it undisturbed.

Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. For example, a person's care record stated, "I would like the carer to make me a hot drink with bottled water."

We saw where possible staff carried out additional tasks and support if people requested. For example, a member of staff told us about a person who had begun to require more support than was allocated. They told us they informed the office of the person's needs and continued to provide additional support until this was agreed formally with the local authority.

Most people had family, friends or solicitors who could support them to express their preferences. In addition, records showed that the registered manager had liaised with them on a regular basis where agreed to ensure people's needs were met.

A person told us, "Yes, they are polite and respectful, I mainly just need help to shower and it's done safely and yes, with dignity, privacy. I don't see and they make sure I'm safe and can get out. I've had no falls with them." Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. Records detailed people's preferred name and staff were aware of these. When people contacted the office for information about their calls we observed staff were patient and spoke

kindly to people. People's privacy, dignity and independence were respected and promoted.

We found that suitable arrangements had been made to ensure that private information was kept confidential. For example, written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection in January 2017 this domain was rated as 'requires improvement' because people expressed concerns about the times of visits. At this inspection the domain remained 'requires improvement as we still found visit times were inconsistent. People raised concerns about the times of calls. Arrangements for staffing did not ensure that people received care consistently at the right time. One person said, "They are good in that someone always does come, but not always when they say they will. From anytime between 12 and 2pm." Another said, "'I find them Ok but they are not always on time. Sometimes they don't seem to organise things right. I've used them for about three years. Yes, I did get a care plan and we discussed it all." A relative told us, "It can be tricky if we are not here to get involved and mum is left waiting. It can still not be convenient if they are very late and mum gets upset. It's not nice if it happens."

We saw in a care record a person had raised concerns about the time of their teatime calls being early in December 2018. We saw from the records they were still early in January 2019. In a service user survey carried out in February 2018 only 11.11% of people taking part in the survey were always satisfied with their call times and 44.44% were sometimes satisfied. We looked at eight care records and the daily logs to see if times were varied. We found calls were often more than 30 minutes either early or later. There was a risk people were in unsafe situations because they were waiting for care. We spoke with the registered manager about the timeliness of calls and they told us they had rearranged the rotas to ensure staff had more time in between calls and this should improve the situation. Staff told us they would always ensure people's needs were met before leaving a call and there was sufficient time to do this.

People were not always aware of who was going to provide their care and told us that they did not always have consistent carers coming to them. People we spoke with told us this was important to them because it gave then confidence staff understood their needs better. Where people requested staff provided details of the rota for the forthcoming week. However, we observed people contacting the office to ascertain who was going to be providing their care.

We found that people received personalised care that was responsive to their needs. People were provided with packages of care where the amount of support hours were provided according to the person's needs. A relative told us, "We had a meeting before [family member] came out (of hospital). The care plan was all agreed and they had asked about it and I was there, we have a care plan, and up to now it's still four visits a day." We saw another person had raised a preference for their call times to be changed during a review and we saw this had been addressed.

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. The registered manager recognised the importance of appropriately supporting people if they were gay, lesbian, bisexual or transgender. The service was usually able to respond where people preferred a specific gender of staff to support them. Care records detailed people's preferences. For example, a record stated, 'Female carers only am and pm, male carers ok at teatime'. However one person told us, "Also I did not want a man for my shower help and they had told me they would ensure this but they still sent a man, just once but it was not

right for when I want a shower." We spoke with the registered manager about this who told us where possible they would try to meet people's requests but sometimes due to unforeseen circumstances this was not always possible.

People told us they had been involved in developing their care plan. A person told us, "They (provider) do reviews to check up." Care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. However, in one care record we looked at the had diabetes and this was not reflected in all relevant areas of the care record. There was a risk they would not receive appropriate care.

Care records included information about people's past life and what was important to them. This information is important for staff to assist them to understand the experiences of people living with dementia and ensure care was appropriate.

The provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Care records included guidelines on how people liked to be communicated with in line with the Accessible Information Standard. Care plans and other documents were written in a user-friendly way so that information was presented to people in an accessible manner. This supported people to be involved in the process of recording and reviewing the care they received.

There were arrangements to ensure that people's concerns and complaints were listened and responded to improve the quality of care. A policy for handling complaints was in place and we observed this was followed when we raised a concern a person had raised with us. However, three people told us they did not feel their concerns were always responded to. One person said, "We have made complaints but they do not listen to these either. I can get the office but not the manager."

Where people had Do Not Attempt Cardiac Pulmonary Resuscitation orders (DNACPRs) in place this was detailed in the care record and documents were maintained in a file within their home. Staff told us when people were at the end of their life they worked with the district nurses and GPs.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in January 2017 this domain was rated as 'requires improvement'. At this inspection the domain was rated as 'Requires Improvement'. Although improvements had been made there remained issues regarding the times of visits and consistency of carers. the provider had failed to effectively address this issue which was raised at previous inspections.

One person who had previously received the service for their spouse and now received it themselves told us things had improved. Another person told us, "They are good overall and they could be better if they just tightened up a bit but we do want to stay with them."

There were arrangements in place to monitor the quality of care people received. Records showed that the registered manager had regularly checked to make sure that people benefited from having all the care they needed. For example, observational checks were carried out to ensure the care staff provided was of a good quality. In addition, people were contacted by telephone in order to understand their experience of the service. A survey had been carried out with people in 2018 and another had commenced for 2019. We saw of the 25 responses received for 2019 20 were positive. The remaining raised issues about the timeliness of visits. the registered manager told us they were in the process of responding and analysing these.

There was a registered manager in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. In addition, we found that they had taken steps to ensure that members of staff were clear about their responsibilities and felt valued. For example, there was an employee of the month reward scheme and at Christmas each member of staff had received a hamper as a gesture of thanks. We observed office staff contacting staff to check they were alright and to inform them of any changes.

Regular meetings were held with staff to ensure they were kept up to date with changes to the service. A member of staff said, "There is always someone there to offer support and advice." Staff received support from the registered manager when this was appropriate. For example, arrangements were in place to ensure staff could contact a senior member of staff. This was particularly important for staff who were lone working. We observed where staff had specific health needs or issues individual risk assessments had been completed and arrangements made to ensure their safety. Staff were confident that they could speak to the registered manager if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that the service worked in partnership with other agencies. For example, the provider had worked with district nurses to ensure people had access to healthcare. Staff told us how they accessed advice about issues such as moving and handling from other healthcare professionals such as Occupational therapists.

Records showed that the registered persons had correctly told us about significant events that had occurred in the service. The registered persons had suitably displayed the quality ratings we gave to the service at our

last inspection.