

Sevacare (UK) Limited

Sevacare - Hinckley

Inspection report

Elizabeth House
St Marys Road
Hinckley
Leicestershire
LE10 1EQ

Tel: 01455616663

Website: www.sevacare.org.uk

Date of inspection visit:

24 June 2019

02 July 2019

Date of publication:

13 August 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sevacare Hinckley is a domiciliary care agency who are registered to offer support to adults with a variety of needs including people with a sensory impairment, people with physical disabilities, people living with dementia and younger and older adults.

Sevacare Hinckley provides personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, 160 people were receiving personal care.

People's experience of using this service and what we found

Improvements were required to recording information within medicine administration records, daily notes and skin integrity forms. The registered manager was implementing new systems to improve this practice.

People were not always told who was coming to support them when a change in staffing occurred. This made some people feel anxious. The registered manager agreed to implement a system to ensure people were told before staff arrived.

People and their relatives told us staff delivered care in a safe way. The provider had systems in place to protect people from the risk of harm. Risk's associated with people's care were identified and assessed.

People were involved in developing their plans of care and were supported by staff who were appropriately inducted and trained. People were supported to eat and drink what they had chosen.

Care plans were person centred which supported staff to understand individual needs and tailor their support to the way the person liked.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were supported by the registered manager and understood their roles and responsibilities. All staff had an enhanced Disclosure and Barring Service (DBS) check, and had references given before they started to work with people.

People thought the staff were friendly and kind and had built good relationships with them. People felt respected by staff who encouraged their independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

At the last inspection the service was rated Good. (Report published 24 November 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good 

Sevacare - Hinckley

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 24 June 2019 and ended on 2 July 2019.

What we did before the inspection

We reviewed information we had received about the service. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used information the provider sent us in 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. We used all this information to plan our inspection.

We visited the office location on 24 June 2019 to see the registered manager, review care records and policies and procedures and to speak to staff. We made calls to people, their relatives and staff on 02 July 2019.

During the inspection we spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment, and staff supervision. A variety of records relating to the management of the service, including the training records for all staff, policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Improvements were required to medicines management.
- We checked people's medicines administration record sheet (MAR) and found some examples where staff hadn't recorded the information required correctly, however we found no evidence of people receiving their medicines incorrectly. We brought this to the attention of the registered manager who agreed to retrain staff and change the coding systems for signing medicines to make the paperwork clearer straight away.
- Staff told us that they had medicines training and that if they were unsure of anything they could discuss this with the registered manager.

Preventing and controlling infection

- Staff didn't always follow infection prevention and control procedures to protect people from infection. For example, we were told, certain staff didn't always appear to wash their hands before preparing food and some staff hadn't worn their uniform on certain calls. One person told us, "Some [trained] office staff don't wear a uniform and they shower me." When we brought this to the attention of the registered manager they agreed to discuss this with the staff involved immediately, and would complete further spot checks to ensure the issue is rectified.
- All staff had completed training in infection control.
- Staff told us that personal protective equipment such as, gloves, aprons and hand sanitiser were always available to them.

Staffing and recruitment

- People told us they generally received support from the same team of staff which promoted continuity of care, however people were not told who would be providing support when their regular carers were off work. The registered manager agreed to look at ways to ensure this information was given to people in advance.
- Staff files evidenced that the provider had safely recruited staff in line with their recruitment policy.
- Staff records showed the provider had carried out an enhanced Disclosure and Barring Service (DBS) check, obtained references and confirmed their identity and right to work.
- The registered manager had a clear oversight of staffing levels to meet people's needs

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding and whistleblowing systems and policies in place which included the

contact details of external agencies people and staff could contact.

- Staff had received training on safeguarding adults. Staff had a good understanding of abuse and the actions they should take if they had any concerns that people were at risk.

Assessing risk, safety monitoring and management

- People told us they felt safe with staff. A person told us, "Staff know me well and keep me safe." A relative said, "Staff are very careful when hoisting [person's name], they always ensure [persons] safety."
- The potential risks to each person's health, safety, environment, mobility and welfare had been identified and people's files contained detailed risk assessments which identified strategies implemented to reduce each risk area.
- Staff told us they felt there was enough information within people's risk assessment to support them appropriately and safely.

Learning lessons when things go wrong

- The registered manager had an accident and incident policy. This clearly set out the requirements for reporting people's, relatives and staff incidents and accidents.
- Accidents and incidents and complaints were audited to check for trends or patterns and identify learning. These were shared with the staff team when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Some people required support with risks to their skin breakdown, we found that staff had not consistently completed the 'Skin integrity form' and that no follow up or action had been recorded. This meant people were at risk of developing health issues such as pressure sores or infections. The registered manager agreed to implement daily recording of skin when risk identified.
- When people needed referring to other health care professionals such as GP's, occupational therapists or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised, or they assisted the person to call themselves.
- Within the care plans all communication from healthcare professions had been logged and acted upon.

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

- People told us that staff were good and knew what to do. One person said, "Staff understand me and do extra without me having to ask them." Another person told us, "My regular staff are great, I know them, and they know me, that means we work together."
- Care plans were detailed, and person centred they included peoples likes, dislikes and choices.
- Staff told us they felt the care plans were well written and gave them all the information they needed to complete care tasks.
- People were being supported daily to make choices and decisions about their care and support. People told us they were fully involved in all aspects of their care planning and documentation.

Staff support: induction, training, skills and experience

- All staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff training records confirmed training completed was appropriate to their roles and responsibilities. Additional training was offered to keep up to date with best practice guidelines.
- Staff were confident in their roles and told us their training was "really good."
- The registered manager completed competency checks to ensure staff understood the training provided.

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff had received training in food safety.
- People told us they had choice and control over their food preparation and that staff supported them

appropriately.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found they were.

- Care plans were developed with people and we saw that people had agreed with the content and had signed to indicate consent to receive care and treatment.
- Mental Capacity Assessments were completed as required.
- Where people could make decisions for themselves records showed they had agreed with the care that was being provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they had good relationships with staff. One person told us, "Staff know me well and do things the way I like." Another person said, "[Staff] will chat and have a giggle with you, I love the agency."
- People were signposted to access the local lunch club to support community engagement and reduce isolation.
- People and relatives used terms such as, "kind," "caring," and "respectful." When talking about staff. A relative told us, "Staff always ask about me and my family. They take an interest in our whole family not just the person they support. It nice to know they care."
- Staff knew people well and understood how they liked to receive their care. One person told us, "Staff ask what I want doing, then they will do what I need."
- Staff had received equality and diversity training and the provider had an equality, diversity and human rights policy, which set out how to support people, and staff, from diverse backgrounds.

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

- People were treated respectfully and were involved in every decision possible. All care plans had been signed by the person and had information regarding their communication needs.
- People gave suggestions to staff regarding activities and events. These suggestions were then implemented. For example, Christmas wreath making and Easter bonnet activities
- No one currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the registered manager would support people to access advocacy services should they need to.
- People were given surveys to feedback on the care they received. The registered manager completed an action plan for any areas that people felt could be improved.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, independence and confidentiality was respected. A person told us, "They always knock on door before entering and close the door on leaving." Another person said, "Staff promote my choice and independence, if I can do something they let me do it but are on hand if I need help."
- A staff member told us what they do to promote people's privacy, dignity and independence, "I encourage everyone to things themselves, but I offer support as needed. I always ask for consent before doing anything."

- We saw evidence of people being supported learn skills and be more independent which reduced the need for staff. This was evidenced and recording within the care files.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Daily communication logs lacked all the relevant information required such as, skin breakdown or refusal of medication. The registered manager agreed to address the recording issues in a staff meeting.
- People received care based on their individual assessed needs. One person told us, "I am happy with all the care I am given," A staff member said, "If there are any changes required to someone's care plan or risk assessment, I tell the manager know and it is changed the same day."
- Staff told us the care plans and risk assessments were always updated and that any changes in a person's need was communicated to them immediately.
- Care plans had 'objectives' and 'what's important to me' sections, which included past and present information including places, events, relationships, hobbies and routines that were important to the person. This supported staff to deliver person centred care for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard and could provide information about the service in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, and we saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.
- People, relatives and staff knew how to make a complaint. A person told us, "If I have any issues I would phone [registered manager] she is nice and listens to what I have to say." Another person said, "I have no complaints but would phone the number in folder."
- Staff told us they could talk to the registered manager about any issues or concerns. One staff member said, "I know the procedure and I feel confident that I would be listened to and supported."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.

However, people had their wishes and needs documented in their care plans.

- The registered manager told us that if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's care plans documented any preferences or cultural needs.
- The registered manager understood their responsibility for reporting any incidents that affected people using the service. Notifying the CQC of these events is important so that we are kept informed and can check that appropriate action had been taken.
- Staff understood the culture of the service and told us they were able to raise any suggestions or concerns with the registered manager.
- Staff told us they felt supported by managers. One staff said, "I have a very supportive manager, they listen to me and give me any help I need."
- Staff felt they worked well as a team and supported each other. One staff member told us, "We [staff] get on really well, we meet up at team meetings and social events. Communication is good and we always support each other."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood, and would act on, their duty of candour responsibility, however no incidents had occurred which would require action or investigation in this regard.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We saw evidence of quality audits and spot checks on staff completed for a range of checks, to ensure person centred care was delivered.
- Staff were clear about their roles and understood what the provider expected from them.
- Planned reviews of people's care were completed regularly with people and their relatives involved.
- The ratings from our previous inspection were displayed so that visitors could see and read our report.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks and regulatory requirements.

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

- Effective systems were in place to ensure all staff were involved in developing the service. They received appropriate training and support for them to keep up to date with best practice guidelines in providing high quality, person centred care.
- People and relatives knew who the registered manager was. One relative told us, "[registered manager] is friendly and approachable, I can contact [them] at any point I need."
- The registered manager arranged regular staff meetings, within these meetings staff were encouraged to raise any concerns, queries or suggestions.
- The registered manager gained feedback from people, relatives and staff via a feedback questionnaire which was mostly positive.

Continuous learning and improving care. Working in partnership with others

- The registered manager had quality assurance systems in place. Audits in place enabled the management team to monitor the service and drive improvements as required. Where improvements were identified actions were put in place to address any issues.
- The registered manager accessed provider meetings and forums provided by the local authority and used the CQC website, care management publications and updates to keep up to date.
- The registered manager was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.