

Sova Healthcare (Birmingham) Limited

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Inspection report

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28 February 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

SOVA Healthcare (Birmingham) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of inspection, the service was supporting one person.

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.

People's experience of using this service:

People who used the service told us staff were kind and caring. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were being managed safely.

People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks.

People's likes, preferences and dislikes were assessed, and care packages met people's desired expectations.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

There were a complaints procedure and people knew how to complain.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, they acted to make improvements.

Rating at last inspection:

This was the services first inspection.

Why we inspected:

This was a planned inspection based on when the service registered.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Responsive findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Responsive findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Responsive findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Sova Healthcare (Birmingham)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

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. It provides a service to people living with dementia and older adults.

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:

The inspection was announced. We gave the service three days' notice of the inspection site visit because we needed to be sure someone would be present.

We visited the office location on 28 February 2019 to see the registered manager and to review care records and policies and procedures. We also undertook a home visit. We then contacted staff on 8 March 2019.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We assessed the 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.

During the inspection, we looked at one person's care records, and records relating to the management of the service, including staff training records, audits and meeting minutes. We visited one person who used the service and spoke with them and their relative. We spoke with two staff via the telephone.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe.
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. One staff told us, "I would speak to (registered manager), I know that he would deal with anything. If not, I have the confidence to take things forward to the appropriate people."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.

Assessing risk, safety monitoring and management

- Risk were assessed. The service aimed to obtain as much information about a person before a new care package commenced. Before support was provided an initial assessment, form was undertaken to assess whether the service could meet people's needs.
- People's care files included appropriate assessment of risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment, and manual handling.
- Care plans contained appropriate assessments of risk to people. However, the moving and handling care plan would benefit for more personalised detail to ensure clear instructions for staff. We spoke with the registered manager who said he would address this straight away.

Staffing and recruitment

- Safe recruitment practices were followed, and appropriate checks were done on applicants, including checks with the Disclosure and Barring Service (DBS) to ensure applicants were appropriate to work with vulnerable people.
- The service was adequately staffed which ensured staff provided a person-centred approach to care delivery.

Using medicines safely

- A medication policy was in place. At the time of inspection, the service was only providing support with topical medicines.
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked every 12 months. Records showed staff were up to date with medicines training.
- Robust audits of medication records were completed and where records had not been completed clearly, action was taken by the management to remind staff of the importance of accurate record keeping.

Preventing and controlling infection

- Staff completed training in infection prevention and control. The registered manager completed observations of staff practice. The records confirmed staff followed correct procedures.
- Staff had access to personal protective equipment such as gloves, aprons and shoe covers. Spot checks confirmed that staff were using the equipment provided.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed, and discussions took place following incidents to prevent re-occurrence.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were comprehensive, outcomes were identified, and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care. Staff told us they were provided with training. One staff member told us, "I am up to date with my training, (registered manager) will send me an email reminding me when training is due."
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.
- Staff told us they felt supported in their roles and although they had regular supervision sessions they felt able to raise issues at any time. One staff member told us, "(Registered Manager) is great, I can talk to them at any time, they are easy to speak to. I can raise any concerns."

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

- Care records showed how people's dietary needs were assessed, and how they should be assisted with their meals if this support was required.
- At the time of the inspection, staff only provided support with drinking and this was done appropriately.

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

- The service had good relationships with other organisations involved in supporting the people they also supported. Records showed involvement of GP's, physiotherapists and occupational therapists.
- Where people required support from other professionals this was supported, and staff followed guidance provided by such professionals.

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 with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA. Records showed people signed to consent to the care they received.

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

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

- Relatives confirmed that staff always treated people with respect and dignity.
- Staff were positive about their role. One staff member told us, "I love my job, I really enjoy working with the (person). I get a support from (registered manager) if I need it."
- Staff we spoke with demonstrated a good understanding of people they supported and understood people's different needs.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. One staff member told us, "I always treat people with dignity and respect. When delivering personal care, I make sure curtains are closed, keeping (person) covered always. Talking to (person) all the way through so they know what we are doing."
- The service promoted people's independence as much as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal which supported them to maintain their independence.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People told us they were involved with planning and reviewing of their care.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Relatives told us they would feel able to raise any concerns with the manager.
- We looked at the complaints log and found no formal complaints had been received.

End of life care and support

- The registered manager informed us they were not currently providing care for people at the end of life. If this changed they would support people whilst working alongside other professionals to meet people's needs and wishes.

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

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

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

- There was an open and honest culture in the service. People who used the service and were complimentary about the registered manager. One person said, "(registered manager) is really good, he really cares. He always listens, and we work well together."
- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements. Action plans detailed how shortfalls would be addressed.

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

- There was a registered manager in post who provided leadership and support. We found the registered manager open and committed to making a difference to the lives of people using the service.
- People who used the service received good quality person centred care.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager knew people using the service and their relatives very well. We saw they were kind, caring and knowledgeable about people's lives and personalities.

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

- People using the service and relatives had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.
- Staff meetings were held which staff told us they found useful. Staff met with the registered manager to discuss any concerns or receive any updates.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. This provided the registered manager with a wide network of people they could contact for advice.
- The registered manager told us they work alongside another registered manager based at another branch who provided advice and support when required.