Care Quality Commission

Sevacare (UK) Limited

Sevacare - Lincoln

Inspection report

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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?	**Requires improvement**

Overall summary

This inspection took place on 8 July 2015 and was announced. Sevacare Lincoln provides personal care in people's homes to adults of all ages with a range of health care needs. There were approximately 150 people using the service at the time of the inspection and the service was providing approximately 1500 hours of care a week.

At the time of our inspection the service did not have a registered manager. The provider was in the process of making an application to the Care Quality Commission for a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe with the care they received. Staff had completed safeguarding training and had access to guidance. They were able to recognise if people were at risk and knew what action they should take.

Summary of findings

People had risk assessments. Where risks had been identified there were plans to manage them

effectively. Staff understood risks to people and followed guidance. Staff were alert to changes in people's usual presentation. They recorded incidents and reported them.

There was usually sufficient staff to provide people's care. Recruitment checks ensured that people were protected from the risk of being cared for by unsuitable staff.

People's care was provided by staff who were sufficiently trained and supported. Staff undertook medicines training and were observed by senior staff delivering care. Staff had received an induction when they started employment with the provider and completed further training relevant to people's needs and were supported to undertake professional qualifications. Systems were in place to support staff and monitor their work.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA), where people lacked the capacity to consent to their care relevant guidance had been followed. People told us staff treated them with dignity and respect. People's needs in relation to nutrition and hydration were documented. Care plans were personalised and people were supported to maintain their choices. Care plans were updated.

Staff felt supported by the new leadership and the manager ensured people had information and support to make complaints. Where complaints were made they were investigated and actions taken in response.

The majority of people told us there were good communications from the office and they knew who to speak with. People's feedback on the service was sought through reviews. Staff were encouraged to speak with the office about any concerns they had about people's care.

Summary of findings

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.

Staff understood their role in relation to safeguarding procedures.

Risks had been assessed and plans put in place to manage risks. Medicines were administered safely.

There were sufficient staff to meet people's needs.

Good

Is the service effective?
The service was effective.

People were cared for by staff who received an appropriate induction to their role.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA).

People had their health needs met.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect.

Staff were aware of people's choices and care needs.

Good

Is the service responsive?
The service was responsive.

People were involved in planning their care.

A complaints process was in place and this was monitored.

Good

Is the service well-led?
The service was not consistently well led.

The location did not have a registered manager.

Staff felt supported and able to express their views.

Systems were in place to monitor the service quality and include care.

Requires improvement

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 inspection took place on 8 July 2015 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available.

The inspection team comprised 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. The expert by experience had personal experience of community services.

During the inspection the inspector spoke with two care staff, the regional manager and the manager. We reviewed records which included 20 people's care plans and three staff recruitment files and records relating to the management of the service. Following the inspection we spoke with 15 people who used the service and two of their relatives by telephone.

Good

Is the service safe?

Our findings

All the people we spoke to told us that they felt safe with the care they received. One person said, “The girls are very good, they know what they need to do and they get on with it as best they can. I don’t have any complaints.” Another person said, “I feel safe and reassured when they’re here, I couldn’t manage without them.”

Staff told us they had access to safeguarding polices to enable them to report any safeguarding concerns. Staff were able to demonstrate an understanding of their safeguarding responsibilities.

People were kept safe as staff understood their role in relation to safeguarding procedures.

The provider had identified potential safeguarding situations and reported them to the local authority, which records confirmed.

Staff said that there was usually enough time to provide care appropriately. Staff worked in teams and within each team there were senior staff to provide support and supervision to staff. Staff told us that the managers who coordinated the rotas knew the people who required care and were able to ensure that staff were allocated appropriately. Where people required two care staff to support them with their care this had been factored into the rotas.

A staff member said there were office staff who managed staff rosters and there were sufficient staff to provide people’s care. They told us that the staff who managed the rotas understood the care needs of people and the geography of the area which helped to ensure people received appropriate and timely care.

Records demonstrated the provider had a robust staff recruitment process. Staff had undergone relevant recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Risks to people had been identified in relation to areas such as safety, medicines, mobility and social contact. Where risks were noted there were plans in place to manage them and maintain people’s safety. For example, where staff supported people with their finances, records were maintained and care plans explained the type of support and who supplied this support.

One person told us, “The girls let themselves in with the key from the safe and make sure they shut the door when they leave. They’re marvellous and they make sure I take my tablets because I used to forget.”

We reviewed people’s medicine administration records (MAR) and saw staff had signed to say what medicine had been administered. If a medicine was not administered, the reason and any action taken as result was recorded. Risk assessments had been carried out and issues such as storage, collection and administration were recorded. Staff completed medicines training which records confirmed and staff had access to the provider’s medicines policy.

Good

Is the service effective?

Our findings

People told us that they thought staff were well trained. One person said, "Staff know what they are doing and always turn up. Sometimes they might be a bit late but not much, it doesn't bother me if they're late." Another person said, "I'm more than happy with the help I get, it's what I need and everything is alright." A comment in a review record said, "I don't have to tell them what to do they just know."

People were cared for by staff who received an appropriate induction to their role. All the staff we spoke with told us they had received an induction and they had found this useful. They said they had received training on specific issues such as catheter care and moving and handling and had opportunity to shadow established staff before they commenced fully in their role. The manager told us that the amount of time that staff shadowed depended on them and how confident they felt following training. A staff member said, "Training was brilliant."

The manager told us they provided regular supervision for staff and also carried out spot checks carried out on their practice. We saw records of regular supervision and spot checks which included discussions about people's performance and training needs.

People we spoke with told us that they had been involved in planning their care and felt it met their needs. Records detailed what care people had agreed to and what time people had requested their calls for. Documentation included consent to care and access to people's records if required. When we spoke with staff they were able to tell us what they would do if people did not consent to their care and were considered at risk.

Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests. There was evidence in the records that best interest decisions had been made.

Care records detailed what, if any support people required with their meals and when we spoke with staff they were able to tell us about the support people required. For example, a person liked a breakfast bar in the morning but required assistance to open it. Although people's care plans did not contain clear information about their likes and dislikes staff told us that they would always ask people what they would like. Where people required specific support such as additional fluids to prevent urinary tract infections this was recorded and staff were aware.

Staff liaised with other professionals regarding people's health needs, for example, the GP and district nurse. Care records included contact details of other professionals who were important to people. Where people had specific health issues records included guidance to staff about how to monitor them and what to do if they were concerned about the person's wellbeing. We saw advice from other professionals such as a district nurse was included in the records. Where people had specific health needs such as diabetes this was recorded in the care file. One person told us about an occasion when they were ill and the carers provided appropriate support, "I had a dizzy turn earlier in the year and passed out whilst the carer was there. The carer phoned for an ambulance and I was in hospital overnight."

Good

Is the service caring?

Our findings

One person said, “I’ve had the same carer for a few years and that’s the way I like it, she’s lovely and so gentle and she knows exactly what I need and listens to me chattering on because I’m a bit of a chatterbox.” Another person told us, “My carer makes me a cup of tea, she’s not supposed to but she goes that extra mile.” One person was recorded as saying, “Staff are very kind, very nice, helpful and caring, I would certainly recommend them to others.”

They said that care staff always asked for their consent before delivering care and respected people’s choices. Staff were able to tell us what they would do if people refused care. Most people said that the care staff listened to people and responded positively to requests and their care needs. Staff told us that they tried to treat people as they would a family member and ensure that there choices were respected. They told us they were aware of the need for confidentiality and ensuring that the care records are maintained and regarded as people’s property.

People said that care staff treated them (or their relatives) with dignity and respect and were friendly towards them.

People said, “The staff are very kind they listen to me and do what I want them to do.” One person told us that staff always asked them what they would like doing before providing care.

The manager told us staff planned care with people and focussed on the person’s description of how they wanted their care provided and staff confirmed this. People’s preferences about their care was recorded, for example, “Would like a shower and hair washed every Friday.” Another record said, “Please assist me into the shower but then leave me to wash myself. I will tell carers when I need support.”

Staff told us how they provided care to people who required more than one member of staff to support their needs for example where people required a hoist to assist them with their care. Care records explained clearly what support people required for example a person required support to lift their legs when bathing, but wanted to be able to wash themself and this was detailed in their care record.

Good

Is the service responsive?

Our findings

One person said, “I am really grateful to my carers, they’re nice and they’re reliable, they always come.”

People’s care records demonstrated their needs had been assessed prior to them being offered a service. Care plans when fully completed were detailed and personalised to support the person’s care and treatment. For example, they documented people’s life experiences so that staff had an understanding of people’s interests and could chat with them about these. One record said, “Has a keen love of motorbikes,” and “Likes to watch the racing on TV.”

All the people we spoke with confirmed that they had been involved with their care plan and that their care plan had been reviewed. People were aware of their care plan and told us that it was in the information which was in their home. Records showed people’s care had been regularly reviewed and changes made when necessary, for example, following a review a person was found to need more support to remember to take their medicines and the person started to use a weekly storage box for their medicines. This helped them to remember when to take their medicines and staff were able to monitor this more accurately. We saw when the provider undertook reviews with people they recorded who people liked and wanted to provide their care and if they had a preference for a male or female carer.

When we asked staff how they knew how to care for people they told us that they read the communication log which was kept in people’s homes before providing care. They said that this was always updated and they found it a useful way to ensure that people received the appropriate care.

Two of the people we spoke with told us that carers were sometimes late but that they didn’t find this a problem. However, one person said that they were concerned about this because they were diabetic and needed their meals at specific times. We saw that the survey carried out in 2014 also highlighted some issues about staff being late. Staff told us that they felt there was usually sufficient time to provide care. They said that if they found people needed more time this would be discussed with managers and additional support negotiated. For example, a person needed more time because they wanted to carry out their personal care themselves with supervision to ensure that they were safe and this was provided.

People were provided information about the compliments and complaints procedure, in written format and also at reviews. Records showed all written complaints had been logged, investigated and where required action had been taken, for example, discussions with the person and their family and changes made to care.

Requires improvement

Is the service well-led?

Our findings

A registered manager had not been in place for a period of 10 months, however a manager had been appointed and they had submitted an application to the CQC to become the registered manager.

The manager told us that they did not have regular team meetings currently but intended to look at this to support staff to be able to raise issues and to share information. Staff told us that they were aware that there were changes going ahead in the service but had not yet been formally told about these despite the changes coming into place in September 2015. They said that they were concerned about how this would affect them in their roles.

The manager told us that the service had recently been awarded a new contract with the local authority and the provider was in the process of recruiting additional staff in order to meet the demands of the new contract. They told us that as part of this they would be increasing the number of hours when the office would be open to include weekends and bank holidays which would make the service more accessible for people. They said that they would be speaking with staff and contacting people about the changes as soon as they were clear about how it would work.

Systems and processes were in place to ensure that a quality service was provided. For example, there was an electronic system in place for training which monitored what training staff had received and flagged up when people were out of date with their training. The system was linked to the rota system which meant that if staff had not completed their training they could not be put onto the rota and provide care to people. We saw that audits had been carried out of care records and the manager told us that they were currently re-auditing these records as they had last been carried out in 2014. They said a member of staff had been allocated time to carry out these audits.

An electronic system was in place to provide rotas on a weekly basis so that staff were aware of their workload the week beforehand. Letters were also sent out to people so that they were aware of who would be providing their care.

Staff were provided with a handbook which covered the principles and values of the service. The staff that we spoke with reflected the values about supporting people to maintain their independence and remain in their own homes. Where staff worked alone they were provided with equipment and support mechanisms to keep them safe. The manager told us that they were keen to provide support to staff in their role particularly when they first started as it was 'important to look after staff'. A central and local arrangement was also in place for staff when they were working at evenings and weekends so that they could get assistance and advice. Staff told us that they preferred to use the local arrangements because the senior staff knew the area and the people that they were caring for.

Staff told us they felt able to raise concerns and were confident that these would be listened and responded to appropriately. Details of the whistleblowing policy were available to staff. People were supported by staff who were encouraged to raise issues.

People had been asked about their views of the service on a regular basis as part of their care reviews they told us that they knew how to raise a concern or make a complaint. People said they would contact the office, however, one person told us, "I've made a complaint in the past about staff not turning up, it was difficult to get to speak to the manager." People told us that they found it difficult to contact the office and speak to the appropriate person. One person said, "They listen but they don't always act." We saw where concerns were raised it was not always clear when action had been taken for example it was not clear from the records when a person who raised concerns about carers being late that action had been taken.