Sevacare (UK) Limited

Sevacare - Lincoln

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We completed this inspection on 31 January 2017. The inspection was announced.

Sevacare (Lincoln) provides care for people in their own homes. The service can provide care for adults of all ages. It can assist people who live with dementia or who have mental health needs. It can also support people who have a learning disability, special sensory needs and or a physical disability. At the time of our inspection the service was providing care for approximately 320 people most of whom were older people. The service covered the Lincolnshire LN6 area which included Hykeham, Birchwood, Skellingthorpe, Hartsholme and also Eagle, Whisby and Witham St Hughes.

People did not always receive their visits at the times they expected. Sufficient staff were not deployed in order to meet people's needs. You can see what action we told the provider to take at the back of the full version of the report.

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.

Communication with the office was not always effective.

Medicine records were not consistently completed to show that people had received their medicines.

Possible risks to people's health and safety had been managed. Risk assessments and plans to manage the risks were usually in place.

Staff had the knowledge and skills they needed in order to care for people in the right way. They did not always have appropriate information to assist them to provide people's care. A process was in place to monitor training and ensure staff were kept updated.

The registered persons and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

People were treated with kindness, compassion and respect.

People had been consulted about the care they wanted to receive. Care was planned, delivered and assessed in a consistent way.

People had been consulted about the development of the service. Staff were able to speak out if they had

any concerns about poor practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff had not always been provided at the right time to care for people.

Medicines were not safely managed.

Background checks had been completed before new staff had been employed.

Staff understood how to keep people safe from abuse.

Is the service effective?

Good

The service was effective.

Staff had received all of the training and support the registered persons said they needed.

People were supported to eat and drink enough.

The registered persons and staff were following the MCA.

Staff had helped to ensure that people had access to any healthcare services they needed.

Is the service caring?

Good

The service was caring.

The care that was provided was kind and compassionate.

Staff promoted people's dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not have consistent carers.

People had been consulted about the care they wanted to

receive.

Complaints had been managed and resolved.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Communication systems were not effective.

Quality checks had identified shortfalls in the way care was delivered. These had not always been resolved.

Arrangements for obtaining feedback to guide the development of the service was in place.

Processes were in place to support staff to speak out if they had any concerns and receive feedback.

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 registered persons were 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.

Before our inspection visit to the service we reviewed any notifications of incidents that the registered persons had sent us since the last inspection. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of this type of service. The inspection was announced. The registered persons were given 48 hours' notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with the area manager, registered manager and four care staff. We also reviewed a number of records in the service's administrative office. These records related to how the service was run including visit times, medicines, staffing and training. In addition we looked at 14 care records and five staff files. After our inspection the expert by experience spoke by telephone with eight people who used the service and seven relatives.

Requires Improvement

Is the service safe?

Our findings

The majority of people and their relatives with whom we spoke said that although they felt safe with the staff when they arrived they were often late. A relative said, "My family member is not safe if a carer doesn't turn up." On some of these occasions when visits had not been completed on time or missed completely people had been placed at risk of harm because they had specific medical needs. For example, another person said, "The office has no understanding of diabetes. They muck around with my meal times. They tell me my carer will be there in 15 minutes and they are already 15 minutes late. They don't understand the impact of lateness on my diabetes." In particular people said that too many visits did not take place at the right time. A person commented, "Carers arrive any time between 7.45-9.00am. No travel time is given to carers, they are always on catch up." Another person said, "The out of hours told me 9.30pm and they turned up 11.00pm" and another said, "There have been instances when no-one has turned up for out of hours. Another time I was told someone would be with me in 10 minutes and it was an hour and a half later." We saw in reviews people had also raised concerns about the times of visits.

We looked at records that described for 14 people when visits should have been undertaken and when they had been completed over a period of a month. We saw that in seven records people's visits were not provided at a consistent time and could be up to an hour late. In some records it was difficult to understand what time the person's visits should be because care plans did not detail the specific time for the visit. We spoke with the registered manager about this who told us the times were stored on a database which was used to plan the visits. prior to our inspection we had reviewed information held about the service and found there were a large number of concerns and issues raised about missed or late visits.

Three of the staff we spoke with said they felt there was insufficient staff on occasions which meant they struggled to provide the care people required in the time allocated. They also said that because travel time was not factored into the planning of visits it meant that on occasions they were late for visits. People were at risk due to not receiving timely visits. Staff said when staff were absent they would have to pick up another round which sometimes meant they were not familiar with a person's care needs. In addition staff raised concerns that when they visited new people they often didn't have a care plan to follow and had to rely on a family member to inform them of what care was required. People were at risk of receiving inappropriate care from staff who were not familliar with people's care needs. We spoke with the registered manager about this and they told us there was usually the local authority care plan available until the company had completed a care plan.Staff we spoke with confirmed this but said they were not always clear about what care people required.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that some people who lived with reduced mobility needed to be assisted by two members of staff. This was because they needed to be supported by means of hoists, the safe use of which requires two members of staff. Records showed that where people required support from two staff this was provided. Records also detailed what equipment people required and when it had been checked in order to ensure it

was safe.

We examined 14 of the medicine administration records (MARs), in each case we found instances when no entry had been made to show that a medicine had been dispensed in the correct way. On some occasions these gaps were for 'as required' (PRN) medicines, however records were not clear when people required these. PRN protocols were available but these had not been completed to show staff when people required their as required medicines and whether or not they were able to request them. In addition body maps which were used to identify to staff where to administer creams were also not consistently completed. The registered manager told us they were currently investigating an incident where a member of staff had made a mistake and not administered a medicine at all to a person. The person had not come to any harm with regard to this incident.

We looked at the way in which the registered persons had recruited five members of staff and records showed that a number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the people concerned did not have criminal convictions.

Risk assessments had been completed on issues such as moving and handling, the environment, medicines and health and safety. However where people had specific health issues we found that risk assessments were not always in place. For example a person suffered with epilepsy, however the care record did not detail what risks this posed for the person and carers. Consequently the care record did not include guidance about how to protect the person from risks such as harming themselves on furniture if they suffered a seizure.

We noted that most staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved. The registered manager had appropriately reported a number of concerns and worked with the local authority to address these issues including allegations of financial abuse. However, the regularity and frequency of the various concerns that had been raised indicated there was a risk the service had not always managed to protect people from the risk of abuse. We saw there were appropriate arrangements in place to safeguard people if staff were supporting people with their finances. When we spoke with staff they were able to tell us what arrangements were in place.

Good

Is the service effective?

Our findings

People told us they thought staff had the right skills to carry out their role. One person said, "The carers are very good." All new staff had received introductory training before working on their own without direct supervision. The training involved three days training plus shadow shifts with an experienced carer. Staff told us they thought the induction training was useful. The provider had also introduced the Care Certificate which is a nationally recognised way in which to ensure that new staff have all of the knowledge and skills they need.

The registered manager said that staff also received refresher training to ensure that their knowledge and skills remained up to date. A process was in place for ensuring that staff received regular updates and were in date with regard to their training. Records showed that staff had received supervision in order to support them to develop their skills and ensure their practice was appropriate. However none of the staff we spoke with were able to tell us they had received supervision. We spoke with the registered manager about this who said this may have been due to the fact they were all relatively new to the company and therefore their supervision was not due, but would check this.

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. The registered manager and staff were following the MCA in that staff had supported people to make decisions for themselves. An example of this was that care plans had been agreed with people and we saw records of consent for support with issues such as medicines. When we spoke with staff they were able to tell us how they ensured people were in agreement to them providing care and support.

Where people were receiving support with meals they were supported to choose their meals. Records showed that where people had refused their meal staff had left snacks for them so that they were able to have something to eat when they wanted and recorded this. Where people had specific dietary needs this was recorded in the care record.

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern. A member of staff told us they had contacted 111 for a person who was unwell and needed advice as to what to do. "The carer wrote in the book about my legs and someone came out to me"

Good

Is the service caring?

Our findings

People and their relatives said that they received a caring response and that the care provided met their needs and expectations. The majority of people were complimentary about their care. A person who used the service told us, "She (carer) helps me with my meals, my bath. She (carer) is kind." Another person said, "The carers do a good job." We also saw positive responses in monitoring records, for example one stated, 'Carers are good.' Another recorded, 'Carers quite respectful.' Carers supported people to maintain their independence, for example care plans detailed what care people were able to provide for themselves. A record said, "Will just need help to wash my back, legs and feet." One person said, "I have got a good carer – I wouldn't be able to be independent otherwise."

We saw in the daily logs example of staff providing additional support to people and their family. A staff member said, "If I'm in someone's house and there is a problem I won't leave them." For example one record detailed the carer had assisted a person's partner because they were feeling unwell, so they had assisted them with preparing a meal. A person told us, "I have the same carer each morning and she is an angel without wings, she goes above and beyond." Another person had also reported in their review that the carers, 'Always ask if there is anything else'.

People told us they were treated with respect, for example one person said, "My carer will not come in my room unless I say." Another person told us, "All the carers introduce themselves to me which I think is nice." We saw care records detailed how people preferred to have their care provided and their privacy protected. For example a record stated, "Please will carers gain access to my home by knocking at the door and I will let you in." another said, "Carers to provide breakfast of choice." Records also stated how people preferred to be addressed by staff.

Staff told us that they had received guidance about how to correctly manage confidential information.

Requires Improvement

Is the service responsive?

Our findings

Some people and their relatives told us that they were not satisfied with the way in which staff were allocated to complete their visits. One person said, "The important part of care is to have a regular team to build up trust and rapport and this does not happen." Another person said, "I have a regular team now but I had to battle for it, the local authority had to be involved." In order to try to facilitate carers with whom people were comfortable with care plans detailed whether or not people had a preference as to the gender of their carer. In addition as part of the review process people were supported to state whether or not there were any carers with whom they didn't get on with. However there was a mixed response from people about whether or not they had a regular team of people.

A further issue that concerned people was the arrangements made to notify them when staff had been delayed so that their visit was going to be significantly late. We saw in reviews and telephone monitoring reports concerns raised about the support from the office staff. However, it was difficult to identify whether this was the local service which operated during the day or the national service provided at weekends and evenings. Concerns included messages not being passed on so people were unaware their carer was running late and failure to cancel visits when not required.

People had been provided with a written care plan that described in detail all of the assistance they had agreed to receive. A person told us, "My care plan is reviewed regularly, about twice a year, but they turned up without notification." Regular reviews had been carried out with people to ensure their care was meeting their needs. However we saw on two occasions changes had been made to the care but the care record did not reflect this. There was a risk that people would not get the care they required because records had not been updated.

People had been regularly consulted about the care they received involving a senior person calling to see them or telephoning them. Everyone asked had a care plan and they had all been involved with it and relatives spoken with had also been involved.

People who used the service and their relatives had received a document that explained how they could make a complaint. We saw the provider responded to written complaints according to their policy and made attempts to resolve the issues, for example by meeting with the person.

Requires Improvement

Is the service well-led?

Our findings

Some of the people with whom we spoke were complimentary about how the service was managed with a person saying, "The manager is very good." However, other people and their relatives strongly criticised the management of the service. In particular people raised issues about communication and concerns that what they are told did not always happen. For example a person told us, "I have had to phone once or twice to ask who is coming, but they haven't come." Another person said, "We get rotas for the following week but they don't always match what happens." Similar comments were made by people who used the service for example, "There is a lack of communication, nothing gets done." Another person said, "I don't feel the local offices take things on board, they don't look into things and there are no follow up calls."

People also raised concerns about how staff were allocated to their visits which meant they were often late. They told us, "Sevacare does not factor in travel time for its carers." One person told us, "No travel time is given to carers, they are always on catch up." Another person said, "Stress is being put on the carers, there is a high turnover. Travel time is not planned for."

The registered manager said that there were arrangements to ensure that people reliably received all of the care they needed and the quality of care was maintained. These arrangements included a senior member of staff completing 'spot checks' and 'carers assessments'. We were told that these checks involved calling to a person's home when a member of staff was present to see how well care was being provided. We saw evidence of these checks having been carried out and staff told us they had been subject to these. However, three of the staff we spoke with said that they didn't receive feedback from these which meant they were unsure if they needed to improve their techniques. We raised this with the registered manager who said that feedback was given following a full assessment but not always after a spot check. However, they said they would look at how they could provide this to staff.

People were invited to complete an annual quality questionnaire and speaking with senior staff by telephone. The area manager told us they were planning to produce a local action plan for the 2016/17 questionnaire and share this with staff and people who used the service. Records of telephone reviews were also evident in people's care plans. However, it was not always clear from these records what actions had been taken to resolve any issues raised by people.

Staff told us there were arrangements in place to help them undertake their duties. These arrangements included being invited to attend regular team meetings when they could to discuss their work and iron out any problems. Staff told us they would be happy raising issues with the management and at staff meetings.

Following our previous inspection the managerial and support structure had been changed in order to meet the needs of the new contract with the local authority and provide better support to staff and people who used the service. However, when we spoke with staff they told us they were not sure about the roles of the senior staff who coordinated the service.

Accidents or near misses that occurred when people were receiving care were recorded so that lessons

could be learned to help prevent them from happening again. In addition checks had been carried out on records such as medicine administration records (MARs) and daily logs to see if they were completed correctly. Concerns had been identified such as incomplete MARs and action taken to improve the situation.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not deployed sufficiently in order to meet people's needs in a timely manner.