Sevacare (UK) Limited

Sevacare - Hounslow

Inspection report

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05 May 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 04 and 05 May 2016 and was announced. We gave the registered manager two working days' notice of the inspection as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected.

The last inspection took place on 31 July 2014 and was rated Good.

Sevacare is a domiciliary care agency that provides care to people in their own homes. Additionally the service supports people with shopping, preparing meals and cleaning. At the time of the inspection, 139 people used the service.

The service had a registered manger. The registered manager had just been promoted and was preparing the deputy manager to become the 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.

The service had not always assessed people's capacity to consent to care and treatment and we saw several care plans where family members had signed on behalf of the person using the service although there was no indication that the person was unable to sign the care plan.

People who used the service told us they felt safe. The service had appropriate safeguarding policies and procedures in place and staff were aware of how to respond to any safeguarding concerns.

Risk assessments were completed to identify and manage risk.

Medicines were managed safely.

There was an adequate number of staff to meet the needs of the people who used the service.

People were happy with the level of support they received and told us they were involved in their day to day care decisions.

Care workers had inductions, supervision, appraisals and relevant training to support the people who used the service.

Stakeholders we spoke with said the manager was accessible and responsive. Care workers told us they felt supported by their managers.

The service had a number of effective systems in place to monitor and manage service delivery and staff

performance. There was a complaints system and people felt able to raise concerns. Overall, feedback from stakeholders was positive.

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.

The service had policies and procedures in place to identify and respond to safeguarding concerns and protect people from abuse.

People who used the service had risk plans to identify and manage risk.

There was adequate staffing with the relevant training to provide a good level of support to people who used the service.

Medicines were safely managed.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

The service had not always assessed people's capacity to consent to care and treatment.

People who used the service were involved in day-to-day decisions about their care needs.

Staff had relevant training and appropriate support through supervision and appraisals to meet the needs of people who used the service.

People were supported with health and dietary needs as required.

Is the service caring?

Good

The service was caring.

People told us staff were caring and that they had built up positive relationships with them.

People were involved in their care planning and felt the service provided met their needs.

People's dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

Individual needs and preferences were being met in a person centred way.

People had copies of their care plans and told us they were satisfied with the care they received.

People had a service user guide that provided them with information on what to expect from the service, how to make a complaint and who to contact.

Is the service well-led?

Good

The service was well led.

The manager was approachable. People who used the service said they felt listened to and the manager responded appropriately to any concerns.

Staff felt supported by the management team.

The service sought feedback from people through various means including informal conversations and annual satisfaction surveys.

The service had monitoring and auditing systems in place to ensure effective service delivery. Where an area for improvement was identified, the service took the appropriate action to address any issues.

Sevacare - Hounslow

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.

The inspection took place on 04 and 05 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available for the inspection.

The inspection team consisted of one inspector and an expert-by-experience who spoke with people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection the service completed 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. Additionally we looked at all the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Commissioning Team.

We spoke with 11 people who used the service, two relatives, six care workers, the registered manager and the deputy manager.

We looked at the care plans for 11 people who used the service. We saw files for 10 staff which included recruitment records, supervisions and appraisals and we looked at training records. We reviewed medicines management for people who used the service. We also looked at records for monitoring and auditing.

After the inspection we spoke with professionals from the Commissioning Team and the local authority Safeguarding Team to gather information on their experience of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. They said, "Yes I do (feel safe). I can rely on them (care workers)." and "I'm treated fairly. I've no complaints." People said if there was a problem, they knew how to contact the service.

We saw up to date policies for safeguarding people who used the service, as well as a copy of the London Multiagency Safeguarding policies and procedures. There was evidence that care workers had attended relevant training. Care workers we spoke with were able to identify different types of abuse and how to respond to safeguarding concerns appropriately. We saw evidence that safeguarding was addressed through an internal process, investigated and an outcome recorded. The service kept a safeguarding log that recorded who was notified, including the local authority and the Care Quality Commission. Dates, alerts and outcomes were recorded with communications in a file with the log.

There was a plan for Contingency Planning and Business Continuity dated October 2015.

Risks to people using the service had been assessed. Team leaders carried out risk assessments with the person using the service and their family within 48 hours of receiving the referral from the local authority. The service had plans in place that included risk assessments for the environment, medicines and the person's physical and mental health. When the risk assessments were being completed an equipment check was also undertaken and anything unsatisfactory reported back to the local authority. At the end of the risk assessment was a risk management plan. All the risk assessments were signed. However, several had been signed by family members without indicating why the person who used the service was unable to sign. Risk assessments were up to date and reviewed regularly. In addition to risks to the people who used the service, risk plans covered potential risks to care workers providing support.

We saw a whistleblowing policy and care workers we spoke with understood what whistleblowing meant.

The service recorded incidents and accidents and there was guidance in place for analysing trends which was sent to Sevacare's head office weekly. The service had only had two incidents in the past year. The care workers we spoke with knew how to record incidents and accidents and told us any concerns were acted on by the management team.

We saw rotas for four weeks. Care workers' allocations were dependant of the needs of the people using the service. Care workers told us they had enough time to do their job. One care worker said, "If more time is needed at a call, I can tell a manager and they'll listen." Care workers who did double up calls, worked with the same partner and one was the allocated driver. Rotas indicated the same care workers visited people who used the service and this provided continuity of service. People told us, "I'm very happy. I've got two very good main carers." and "I've got the same carer every day - usually. I've been with them for six years."

The service had a 24/7 on call system. The out of hours service was based in a call centre and had an allocated worker at the centre who knew the service. The manager followed up any out of hours calls the

next morning.

The service followed safe recruitment procedures. The care workers' files had application forms, two references, Disclosure and Barring Service (DBS) checks, proof of identity and where required proof of permission to work.

The service had a medicines policy in place which addressed people who self-medicated, covert medicines and PRN (as required) medicines. Medicine procedures were regularly discussed in team meetings. We saw some Medicines Administration Records (MAR) which had a tick instead of initials. However the manager was aware of the issue and we saw evidence the ticks had been addressed through workshops, team meetings and supervisions where medicines audits identified individual care workers not following procedure correctly.

A spreadsheet of all the people who required medicines was maintained. Team leaders delivered MAR charts monthly and care workers brought them back to the office to be audited. Any discrepancies were checked against the communication log. Completed MAR chart audits were recorded on the spreadsheet. Additionally the service undertook spot checks to monitor care workers' competency skills.

Requires Improvement

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 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. We checked whether the service was working within the principles of the MCA.

We saw that the consent of the people who used the service was not always sought. In some files, family members had signed on behalf of their relatives but there was no clear indication of why the person who used the service was unable to sign the care plan. When we spoke to the manager, she advised she had already been in discussion with her managers about how to improve the service to better reflect the requirements of the Mental Capacity Act 2005.

The service's assessment asked if people who used the service had a Lasting Power of Attorney (LPoA). Where this information was supplied, the service recorded it. The manager told us they were in the process of expanding the question to indicate if the LPoA was for property and financial affairs or for health and welfare.

Care workers we spoke with had undertaken Mental Capacity Act training and had a very basic understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People and their relatives spoke positively about the care workers' ability to provide effective care. They told us, "They will do whatever I want them to help me with.", "Yes. They've got the right skills and they're very good.", "They know what's needed and there are no problems.", "I'm confident that they would help me in any way I needed help with." and "Yes, they're well trained - the ones I've had."

People also told us they were involved in their day to day care decisions. Comments included, "Yes. They talk to me and ask me (what help I need).", "They check things out and are fully co-operative." and "It's more of a check-up every day to make sure I'm ok and it's quite flexible (in terms of what support is provided)."

Care workers' files provided evidence of inductions, supervisions and training. The interview included a literacy and maths test. All staff had a three day training induction, shadowed a more experienced member of staff and a 13 week probation period before becoming permanent.

The care workers had ongoing mandatory training which was identified by the provider. Training included Safeguarding, MCA, DoLS and medicines training. Other relevant training was also provided including

dementia care, person centred care and pressure sore care. Training was recorded and monitored centrally on a training matrix with dates for future training. A number of care workers had completed National Vocational Qualifications (NVQS) in Health and Social Care. A care worker we spoke with told us "Whenever I feel I need more training, I call the office and they will provide me with the training."

We saw evidence of supervisions taking place at least twice a year. Supervision notes had action plans and target dates. Competency testing was undertaken six monthly and care workers' performance was scored against a defined required standard. Spot checks were completed quarterly and involved feedback from the people who used the service. We saw evidence of issues identified in spot checks being addressed in supervisions. Appraisals were completed within the last year. Records demonstrated that when required, the service disciplinary procedure was followed through appropriately.

We saw minutes of monthly care workers' meetings. Policies such as safeguarding, medicines, MAR charts, sickness absence and the Code of Conduct were discussed. The service also had monthly memos that went out to staff that included the employee of the month, branch information and highlighted specific areas such as completing MAR charts correctly.

People we spoke with indicated the care workers worked well together as a team. Comments included, "They seem to know each other and work together.", "They seem to work together ok. If they have problems they take it up the line." and "They are happy people and I get on well with them."

People's dietary requirements were recorded on the care plan. Food and fluid intake was recorded as part of the daily records. The service's involvement was mainly around the preparation or the heating up of food people who used the service had already purchased. One person said, "I order food from (shop) and they make it for me." and another said, "It's flexible and works for me."

The service provided appropriate support to meet people's day-to-day health needs. We saw evidence in the files that the service worked with other professionals including district nurses, occupational therapists and the Integrated Community Response Team.

We recommend that consent is sought for care and treatment and where a person lacks mental capacity, the provider acts in accordance with the requirements of the Mental Capacity Act 2005.

Good

Is the service caring?

Our findings

People and their relatives said care workers were caring. Comments included, "They are kind, friendly, caring and polite. I'm happy with them.", "Yes. They are caring and very nice and friendly. I look forward to seeing them - after being unsure about having carers in my house before it started.", "Yes they are (caring). I couldn't wish for better." and "It's usually the same person and they are caring. It's nice to have someone to chat to."

People who used the service suggested that they had built up positive relationships with the care workers. For example, one person said, "I've got to know them and they've got to know me." and another person said "She's gotten to know me and we can talk about our families etc."

The assessments we looked at indicated people were involved in their assessments, care plans and reviews. Relatives and people we spoke with confirmed this. Care plans included pen pictures of people's background, what name they preferred to be called and cultural needs such as language. The care plans involved the people who used the service and were signed either by the person who used the service or a relative.

The manager told us the service talked to the people who used the service and their families to find out likes and dislikes. They told us, "You have to put the service user at the centre. That's the key." A care worker said they "go (provide care) according to the care plan and requests from service users." All the care workers we spoke with told us they would read the care plan of a person who was new to them.

People who used the service received a service user guide that provided information on what they should expect from the service and who to contact in the service.

The care workers respected people's privacy and dignity and provided choice. The manager told us that 80% of the time people have the same care worker to provide continuity and make the person feel comfortable. A support worker said "Tell them what you're going to do. Make them feel at ease." Another said, "Always ask how they would like it (personal care)."

People who used the service said, "I just take it all for granted as I feel so comfortable with them in my home.", "They always start with a good morning and how you?", "Yes there are no problems. They don't impose anything." and "They do what I ask them to do."

Good

Is the service responsive?

Our findings

People's individual needs and preferences were met. People we spoke with told us that they had been involved in their care plans and had a copy of it. They indicated they were satisfied with the care they received, knew what care should be provided and usually by whom. Comments included "Yes they do (meet my care needs). I'm very satisfied." and "Yes. They know how I would like the care."

Care plans were person centred and included people's preferences and objectives. We saw a comprehensive assessment of needs. The plans provided tasks for the care workers and there was guidance for specific tasks such as providing personal care.

People who used the service were provided with a service user guide which included the risk assessment, personalised care plan, the statement of purpose, complaints procedure and contact details.

People we spoke with indicated that timekeeping and communicating changes in visit times or staffing was generally good. One person told us about "good communication" so they always knew what was happening. Other people said, "It's very good. I'm happy with it and they let me know if there are changes" and "The timekeeping's usually good." One person told us they had a "missed call" once but did not contact the agency as "things were usually fine in this area" and they considered it a "blip".

The service aimed to personalise the service and matched care workers and people who used the service according to availability, the risk assessment and the care plan. Cultural preferences such as language, food and religion were recorded on the care plan and taken into consideration when allocating a care worker.

Monitoring reviews were undertaken three monthly and an annual review of the assessment was completed yearly but revised as necessary.

The service had information leaflets in Braille, Gujrati and Punjabi. The manager told us they recruited locally to reflect the needs of the community. For example they had a number of Urdu speakers who used the service and had a team leader who spoke Urdu.

People said that they knew how to make a complaint and would feel able to but no one we spoke with had. One person said "'Why would I? I was happy with everything."

We saw a complaints policy dated October 2015. Complaints were recorded and investigated. The manager responded to the person who complained and provided feedback to other agencies as appropriate, for example social services. A care worker told us they had made a complaint to the manger and it was dealt with satisfactorily. A weekly report was compiled by the manager. However, the service had only received two complaints in the past year. We saw evidence if the complaint was a performance issue, it was addressed in supervision.

The service had received a number of compliments which were passed onto care workers.

Good

Is the service well-led?

Our findings

At the time of the inspection, the Registered Manager had just been promoted and was in the process of preparing the deputy manager to apply to become the Registered Manager. Stakeholders we spoke with told us the manager and the deputy manager were accessible and responded to any concerns. People who used the service said, "Whenever I've phoned them up, they've sorted it out and been able to provide an answer.", "Any contact has been positive. They listen to you." and "I've got a number and I'd have no hesitation contacting them."

Care workers told us "If managers know there is an issue or anything, they will ask you how things are going." "Whenever I have a problem I call and they (managers) do listen and make sure things are put into place.", "I think I have great support.", "If I need help, I get help." "She (manager) is one of those managers who is there for us. The office is fairly open, if there is any problem we don't wait for supervision."

The service worked well with other agencies and a commissioner told us, "The service communicates very well. Issues raised with them…are dealt with very promptly." "Overall Sevacare has given us no cause for concern."

People who used the service felt listened to and indicated that they had an opportunity to provide feedback. People talked about regular chats, surveys and reviews. We saw a service user satisfaction survey from April 2015. Most of the feedback was positive and the service provided an analysis of peoples' responses under each question.

The service had systems in place to monitor the quality of the service delivered to ensure peoples' needs were being met. Up to four quality monitoring reviews were undertaken each year, of which at least two were face to face. The feedback was mostly very positive. We saw negative feedback from one person and evidence that the service had involved social services and dealt with the person's feedback appropriately. Additionally the service undertook quarterly spot checks and six monthly assessments with care workers to identify good practice and areas to develop.

The service had up to date accident reporting policies and procedures and a standard accident and incident form which recorded details and actions to be taken. Six incidents had been recorded in the last year. Care workers told us if there was an incident or accident they would deal with the immediate situation, for example call an ambulance and then they would inform the office and the family. If required the team manager would go out to deal with the incident.

The service undertook a number of different audits to monitor how the service was being managed. The service did monthly audits of the communication sheets and MAR charts and sent a record of missed calls to the Commissioning Team.

The manager carried out a weekly audit on a sample of employee files which included confirming files contained DBSs and spot checks. There was also a weekly audit on a sample of service user files which

included ensuring care plans, risk assessments and the recording of medicines was up to date. The Branch Managers Weekly report recorded a number of points including: new packages of care, recruitment, complaints, any disciplinary action, supervisions, spot checks, risk assessments, file monitoring, training, growth and branch issues.