Care Quality Commission

Sevacare (UK) Limited

Sevacare - Hinckley

Inspection report

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Ratings

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

Overall summary

The inspection took place on 1 and 2 October 2015. 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 in.

The service provided care and support to adults with a variety of needs living in their own homes. This included people living with dementia, learning disabilities, and physical disabilities. At the time of inspection there were approximately 141 people using the service.

The service had a registered manager that was recorded on the records held by the Care Quality Commission (CQC), however this person had left the organisation, and a new manager was in post and was in the process of applying 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

Summary of findings

and associated Regulations about how the service is run. The provider agreed to ask the previous registered manager to submit the paperwork to deregister from the location.

People told us that they felt safe when staff supported them and that they were provided with the care and support that met their needs.

When people started to use the service a care plan was developed that included details about their care needs and how to meet those needs. Information about people's likes, dislikes, history and preferences were included so staff had all of the relevant information to meet people's needs.

Risk assessments were in place which set out how to support people in a safe manner. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

At times staff did not arrive on time for appointments to support people. People felt that they were not being rushed even though they felt that staff were very busy, They told us that the staff stayed for the time that they were supposed to.

People were supported to take their medicines by care workers who had received training in medicines management. There was an audit process in place for all medication administration records (MAR) charts that ensured that signatures were in place and if there were any gaps these were investigated.

Care workers were supported through training and supervision to be able to meet the care needs of people they supported. They undertook an induction programme when they started work at the service.

Staff told us that they sought people's consent prior to providing their care. We saw that there were a number of consent forms in place that the service used. Where people were believed to not have the capacity to consent to their care and treatment there was no record of how the care provided had been agreed as required by the Mental Capacity Act (2005).

The service had a complaints procedure and we saw that some people had made complaints that were investigated. Some people told us that they were not aware of the complaints procedure.

The service had a new management team in place. Staff told us that the team were working together to make improvements to the service.

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?

Requires improvement

The service was not consistently safe.

People told us that they felt safe when staff were supporting them. They told us that staff were often late and we saw that there had been four missed calls over the month of August.

People were supported with their medicines appropriately and there were audits in place to make sure paperwork for this was completed.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff sought people's consent prior to providing their care, however, where people did not have the capacity to consent to their care there was no record of how the care provided had been agreed as required by the Mental Capacity Act 2005.

Staff received training that was appropriate for the needs of the people they were working with.

Staff prepared basic food for people where this was part of their support needs.

Is the service caring?

Good

The service was caring.

People told us that staff were kind and friendly and that the staff were busy bur remained professional.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People told us that they were provided with care and support that they needed.

We saw that planned call times and actual call times could be very different.

People were not sure how to raise concerns with the service although we saw that complaints were investigated and responded to.

Is the service well-led?

Requires improvement

The service was not consistently well led.

There is no registered manager in post. The manager was going through the registration process with the Care Quality Commission.

Summary of findings

Quality assurance questionnaires were sent out to obtain people's feedback about the service, but people we spoke with were not aware of these. Staff felt able to approach the manager with any concerns.

Sevacare - Hinckley

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 1 and 2 October 2015 and both days were 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 in.

The inspection was carried out by 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 had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the information we held about the service and information we had received about the service from people who contacted us. We contacted the compliance team from Leicestershire County Council to obtain their views about the care provided. The compliance team work with a provider to ensure that they are meeting their contractual obligations with the Council.

We reviewed a range of records about people's care and how the service was managed. This included eight people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the area manager, the manager, a senior care worker and three care workers.

We made contact with six people that used the service and six relatives of people that used the service by telephone. This was to gather their views of the service being provided.

Requires improvement

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe when receiving support from the care staff and that their home was left securely when the staff left. One person told us, "They do the job without accidents and that makes me feel safe".

Care workers we spoke to had a good understanding of types of abuse and about what actions they would take if they had concerns. All the staff we spoke to told us that they would report suspected abuse immediately to the office. The provider had a safeguarding policy and the actions the staff described were consistent with the policy. Staff told us that they had received training about safeguarding adults. The training records showed that all staff had received this training and this was in date. All the staff members we spoke with told us that they understood whistleblowing. The procedure in place did not make it clear that people had the right to whistle blow to outside agencies. The manager had a good understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission (CQC). People who used the service had received an information pack which contained information about what abuse is so that they were aware of what actions could be abusive.

The manager had reported concerns appropriately to the local authority adult social care team and the concerns had been investigated either internally or by the local authority.

Staff told us that risk assessments were carried out when people started to use the service. We saw that risks relating to people's care were assessed and control measures had been put in place to ensure that risks were reduced. These included assessments about moving and handling, medicine administration and the home environment that staff worked in. Risk assessments were reviewed annually unless a change had occurred in the person's circumstances. The risk assessments we looked at had been reviewed in September 2015.

People told us that the staff were often late, and that on one occasion staff attended a 9pm call at 1am. Comments included "you never know when they'll come. I might as well leave my door wide open" and "it's a constant thing – always late". One person told us that "some of the workers arrive on time and some of them don't". People told us that they don't feel rushed by the staff but that the staff were busy. A person told us, "I feel sorry for those workers, no sooner have they finished me then they have to rush off to someone else. I'm not saying I feel as though they are rushing me, because they certainly don't but they don't have much time between jobs". The staff told us that they had not been allocated travel time between calls previously which had an impact on all of their calls throughout the day. They told us that they were now allocated time between calls. The manager told us that some calls were late due to calls taking longer than planned, and this was monitored.

We looked at the on call records for the month of August and found four missed calls where staff had not attended up at all. These were reported by people or their relatives to the service. The people we spoke with told us that if this happened it could be difficult to contact the office or the out of hours on call to find out what was happening. The manager told us that when the team in the office were contacted they would try and arrange a worker to go out as soon as possible. They also told us that any missed call were investigated and recorded as a complaint. This meant that they could investigate what had happened, inform the person, and implement measures to avoid a missed call happening again. If a call had been missed the manager advised that the person or funding authority were not charged for this.

The manager told us that she checked all accident and incident forms, and that staff had recently been asked to make sure that they completed these whenever required. When an accident or incident occurred the manager reviewed what had happened and recorded actions that had been taken to reduce the possibility of this happening again. We saw that the manager had taken action, for example a reminder had been sent to staff about the importance of following their training. This showed that the manager was identifying concerns and taking action to address these.

There was a recruitment and selection policy in place that was followed when the service recruited staff. We looked at the staff files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work to ensure that safe recruitment practices had been followed.

The service had a policy in place which covered the administration and recording of medicines.

Requires improvement

Is the service safe?

Staff told us that they felt confident with the tasks relating to medication that they were being asked to do. Each person who used the service had a medication care plan and risk assessment that recorded any medicine that they took, where it was stored and what support was required. We looked at the records relating to medicines that were available. There was an audit process in place where a senior care worker checked all medication administration records (MAR) sheets to ensure that there were no gaps in the records. If there were gaps these were discussed with the worker, and investigated.

Requires improvement

Is the service effective?

Our findings

People told us that they thought some staff had received sufficient training to meet their needs. One person told us, "I can't say in all honesty that I think all the workers are properly trained", another person said, "When new staff come through the door, my heart sinks". A person told us that they were confident that "the ones who have been here a while know exactly what to do, and they do so competently". A relative told us, "I've had to tell them what to do with my husband".

When staff started working at the service they undertook induction training. This included three day's classroom based training which covered a range of courses. Following this people would shadow experienced members of staff and then go on calls where two staff were required to support the staff to develop the knowledge to carry out their role. One staff member could remember that they had completed a three day induction and then shadowed more experienced staff. Other staff we spoke to had been at the company for a long time and did not recall this process. The provider had changed in the time they had worked for the organisation.

Staff told us that they'd received enough training to enable them to carry out their roles. We looked at the records relating to training. We saw that staff had received training in a number of areas to assist them in their roles. There was a training room in the office that had a bed and a hoist available. Staff told us that when they did moving and handling training they used the hoist so they had an understanding of what being hoisted felt like. A staff member said that this helped them to support people and reassure them more effectively as they knew what it felt like. Staff told us that if a person had a specific need, for example stoma care. A stoma is a wound site that requires specialist care. The staff working with that person would receive training that is based on the individual and their needs.

Staff members told us that they had supervision meetings with their manager or a team leader. We looked at the records and saw that supervisions took place. However the frequency of these was variable. The manager told us that they were working to ensure that these were up to date and carried out on a regular basis.

People told us that the staff sought their consent before providing care. Care staff told us how they would seek consent prior to assisting people with their care, and that people had the right to refuse care. They also told us how if people did not consent to their planned care they would record it and report it to their manager.

We saw that consent forms were used by the service to evidence people's consent to use their telephone lines for the electronic care monitoring system that the provider used. This was free for the person paying the bill. We also saw consent forms for people allowing others to look at the records held about them. We saw that some people had signed their care plan to say they agreed with the contents of the plan and consented to the care provided in line with it. Where it was believed people did not have the capacity to consent to their care someone else had been asked to sign the plan on their behalf. There was no record of how the care provided had been agreed in line with the Mental Capacity Act (MCA) 2005 and its requirements where it was believed that someone may not have the capacity to consent to their care. The MCA is legislation that sets out the requirements that decisions are made in people's best interests when they are unable to do this for themselves. Where it is believed that someone does not have capacity to consent to their care, a MCA assessment should be completed to decide if the person has capacity. If they do not then a best interest decision should be made and recorded. This was not in place in the files we looked at. This meant that the requirements of the MCA had not been met.

The manager provided documentation after the inspection that recorded how someone would communicate their consent, and if this was not possible that a full capacity assessment would be carried out. The manager advised that these had been in place in previous care plans. They said that there had been a number of changes in the management team and the process had not been fully communicated through the handover process. The manager advised that these forms would be completed in all cases where it was believed someone may not be able to consent to their care.

Some of the people we spoke with said that they received support with food and drink. They said that this tended to be basic food such as cereals, and that drinks were made regularly. We saw from the records that where people did receive support with food, details of what had been served

Requires improvement

Is the service effective?

had been recorded in the daily notes. Care plans indicated that people were able to choose what they ate and drank. We saw that care plans included information about the amount of support and assistance needed. Where guidelines were in place from dieticians about food texture, these were recorded in the care plan and were consistent with the guidance.

Care plans contained contact details of people's relative's, GP's or other involved health professionals so that staff were able to contact them in the event of an emergency. Staff were aware of their responsibility for dealing with illness or injury, telling us they would call an ambulance or the person's GP if required. We observed during the inspection that a member of staff called the office and asked the staff to contact the GP and relative of someone who they felt was unwell. The person in the office made sure that the person was aware of the request and called them back to confirm that an appointment had been made. We saw that the care records tracked all appointments made and contact with each person who used the service. This enabled the staff team to give a clear timeline of actions that had been taken.

Good

Is the service caring?

Our findings

People told us that they were treated with respect and that staff acted in a caring manner towards them. Comments included "the workers generally very personable and polite", "I can't fault any of the workers", "the regular ones are great" and "they are so friendly and professional too".

The manager told us that a system was in the process of being developed where staff would have a regular list of calls that they completed in one local area. Staff told us that this was happening already and made it easier to get to calls. This would enable people to develop relationships with the staff as they would have regular staff members.

People told us that the staff who had been with the service for 'some time' knew their likes and dislikes. Staff members we spoke with knew people that used the service well and were able to tell us about their likes and dislikes. They told us that they visited people on a regular basis which helped them get to know the person and how best to support them. We saw that detailed information about people likes, dislikes and history were recorded within their care plans. For example we saw how people's preferred names were recorded and then we evidenced from daily notes that care staff were using people's preferred names. This meant that support workers had all of the relevant information about the things that people liked and disliked and how people wanted their care and support provided.

People or their representatives were involved in assessments of their needs when they began to use the service. They were involved in reviews of their care plans which were taking place for all people who used the service.

People told us that staff sometimes promoted people's independence. A relative told us, "My husband has always been an independent man, and you know what? The girls really try hard not to take that away from him." Another relative told us "They just haven't the time to spend that bit extra getting my husband to do things for himself." Care workers involved people by offering them choices, for example about personal care and meals.

People told us that staff protected their dignity. One person said, "Not that I'm bothered at my age, but they do preserve my dignity when I get a strip wash and that." Staff told us how they promoted people's dignity, including talking to the person throughout and explaining what they were doing, prompting people to do things for themselves, and asking people what they want to do and involving them in their care. One staff member said, "I treat someone how I would want my dad to be treated."

We saw the results from a quality assurance audit carried out in April 2015. This showed that from the people who responded 93.3% felt that the staff were always or usually polite and respectful, 93.3% felt that the carers always or usually provided the care they were meant to and 83.3% believed that staff always or usually had enough time to carry out the call. 100% of respondents felt that the carers were helpful or very helpful.

Requires improvement

Is the service responsive?

Our findings

People we spoke with were not sure if they had contributed to developing or reviewing their care. They told us that supervisors visited them regularly but they felt it was not clear why they visited. The manager told us that either themselves or the team leaders spoke with people and asked them to contribute to their care plans and be involved in reviewing them. As part of the review process people would be contacted by telephone to make sure that they were happy with their care plan and that it met their needs.

The manager told us that when they received an enquiry about the service they or a team leader would go and visit people and discuss the care that they wanted to receive. The manager told us that this information was then used to form a care and support plan that was based on a person's specific needs. The care plans and risk assessments were developed based upon information from the relevant local authority, the assessment of the person's needs, and what the person said they wanted.

Peoples 'needs and preferences were sometimes met by staff. People told us that they felt more confident when staff who they knew came. One person told us that "The care workers who have been coming sometimes tend to be better than the new ones". Staff recognised what was important to people and one person told us "they've never not missed telling me to take my pills". This was important to the person and staff had made sure that they met their needs.

Each care plan we saw had information about what the person could do independently and how they should be supported. Staff told us that people's care and support plans provide adequate details to enable them to meet people's needs. All plans we saw had been signed by the person, or someone acting on their behalf. The manager told us that care plans were in the process of being reviewed and this was being carried out by the team leaders. This was being carried out as some plans had not been reviewed within the timeframes set by the provider. All the plans we saw confirmed this was the case.

People told us that they had care plans at their home. One person told us "they shouldn't have to come in and ask me, or need to look in the care plan book, to know what needs doing". We looked at the care records of eight people that used the service and found that care and support had been provided in line with their care and support plans. Copies of the care plans were held at the service's office and also at people's homes. This meant that both people that used the service and their care staff were able to look at the plans, and know what care was needed. Details of any changes to the care could also be written into the plan and was available so that staff could see what had changed.

People told us that they did not know which staff would be coming. One person told us "It seems the time schedule I get and the one the care workers get, don't seem to co-ordinate somehow". Another person commented "We are lucky if we get a weekly programme, it arrives after a worker has already been through the door, but in any case it gets swopped around". Staff told us that they tried to let people know which worker would be coming but this was not always possible. They said that the office would try to call people to tell them. Staff also told us that if they would be more than 15 minutes late they would ask the office to call people and tell them. We saw from the on call records that this did not always happen and people had called to find out where staff were. Staff told us that rotas were being developed so that people had regular calls in the same local area so that the time taken to get to calls could be reduced and people had regular staff. The manager told us that where calls were taking significantly longer than the agreed time on a regular basis this had been discussed with the funding authority as this had an effect on staff getting to the next call on time.

We saw records that monitored the planned call time against the actual call time. These records showed that call times varied from staff being a maximum of one hour and six minutes early to staff being fifty four minutes late. On most occasions staff were within ten minutes of the planned call time but the variations made it difficult for people using the service to know when staff would arrive.

People we spoke with told us that the on call system could take a long time to answer and covered a wide area. One person said, "You sometimes get in touch with somebody from, say, Wolverhampton or Coventry". Staff told us that they had used the out of hours service but that they found it was not as effective as contact with the team in the office. The manager told us that there was an on call system in place so that people were always able to get hold of the service should they need to 24 hours a day. We saw records of the calls received by the on call service. We could see

Requires improvement

Is the service responsive?

that people who used the service had contacted the out of hours number. The information from the calls was sent to the local office for information and to be monitored. We saw that the manager had recorded actions taken to address issues that had been raised with the on call service by people who used the service.

Some people told us they were unsure how to make a complaint. A person told us, "Only once have I told the office that I don't want [staff name] to attend to me. We just didn't get on. The office complied".

We saw that each person had been sent a service user guide that contained information about the service's complaints procedure. It also provided details about how people were able to escalate their concerns if they were not satisfied with the provider's response, key policies, what to expect from the service and charges for the service. The manager told us that checks were made to see if people had information about the service and complaints procedure. The manager told us that a copy of the complaints procedure was kept in each persons care plan file in their home.

We looked at the complaints that had been received by the service. We saw that the service had investigated people's concerns and taken appropriate action in response. For example following a complaint the outcome was discussed with all staff so that they were aware of what was expected of them. This meant that staff knew the expectations of the provider and what was not acceptable behaviour. The manager told us that they recorded incidents that had happened as complaints and investigated these. They provided a response to the person who had been affected. This showed that the service was open about when things had gone wrong and what had been done to make sure that improvements were made as a result.

Requires improvement

Is the service well-led?

Our findings

People and relatives we spoke with did not recall anything about being involved in developing the service. People told us that they knew who the manager of the service was. However, one person said "she never comes out; I've yet to see her". We saw that there were team leaders who carried out reviews People told us that the visits took place but could not tell us what these were for.

Staff members told us that there had been a change in management and in the team in the office over the last few months. They told us that improvements were being made in how the service was run and that they could see that the current team were working together to make changes. For example the staff told us about changes in paperwork that had been implemented. Staff told us that they found it easier to keep all forms together and complete them. All the staff we spoke with told us that they speak to their manager regularly and were encouraged to make suggestions at staff meetings. Records of staff meetings showed that there had been discussions about what could be improved with the service delivery. The staff told us they felt confident to discuss the service at any time, and they could approach the manager or staff in the office.

All the staff we spoke with told us that they felt valued. They told us that the team in the office would help out and that they were organised and making positive changes. These included the rota being developed so that people had regular calls in one location, and staff being thanked for their work.

We spoke with Leicestershire County Council who contract with the provider. Feedback received was positive and reflected that the changes in the management team were making improvements in the quality of care provided.

The manager had procedures in place for monitoring and assessing the quality of care provided to people using the service. These included procedures for obtaining feedback from people using the service and their relatives, reviews of people's care plans, observation and supervision of staff and checking staff members notes from the visits they had completed. The provider carried out an annual survey for people who used the service and their relatives. This took the form of a questionnaire for people to complete giving feedback on how well they thought the service was doing. The most recent survey was carried out in April 2015.

Actions were recorded in the summary of the responses. The area manager advised that where people raised things they were not happy about that this would be followed up with the individuals to try and resolve.

Team leaders were carrying out spot checks at people's homes while staff were providing support. These checks were to monitor staff behaviour and attitude to check that they displayed the providers values of treating people with dignity and respect. These were being implemented and not all staff had received a spot check. The plan was that these would take place as often as possible and at least every six months.

We saw records of the spot check which showed that they checked staff punctuality, record keeping, use of protective clothing and how the staff interacted with the person. These checks showed that the staff were monitored to see that they knew what was expected of them. The records we saw showed that staff were reminded of any areas for improvement. We saw records of telephone monitoring where people who used the service would be contacted to seek their views of the service. We saw that the last check in the records we looked at had taken place in February 2015. The manager advised that these checks were on-going and each person should be involved in the service monitoring at least every three months. This gave people a chance to speak with a manager or team leader on a regular basis.

We saw that a recent staff meeting had taken place in September where staff were able to raise any issues and concerns. We also saw that issues that had arisen in complaints had been openly discussed with staff members. The minutes were available for staff to read if they had been unable to attend.

The service did not have a registered manager in place. The previous manager had been registered and had not completed the paperwork to deregister with CQC. The area manager agreed that they would follow this up. There was a manager in place and they were starting the process to become the registered manager. The manager understood their responsibilities to report incidents, accidents and other occurrences to CQC. They reported events they were required to report. The manager was supported by the area manager, team leaders, and the office staff. The manager told us that although there had been a lot of changes to the team they were working together and were making

Requires improvement

Is the service well-led?

improvements to the service delivered. The staff that we spoke to all told us that they felt that there had been improvements and that the introduction of the new team had been positive.