

Sevacare (UK) Limited

# Sevacare - Telford

## 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?	Good ●

# Summary of findings

## Overall summary

Our inspection took place on 13 and 14 October 2016 and was announced. We last inspected this service on 26 June 2014. During our last inspection we found the provider was meeting the standards required. This was the location's first ratings inspection under the new methodology.

Sevacare Telford provides personal care to people living in their own homes. At the time of our inspection the service was supporting 38 older people.

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.

People were supported by staff who knew how to keep them safe. People's risks had been assessed and were being appropriately managed. People were supported by staff who had been recruited safely. People received their medicines safely by competent staff. There were systems in place to check people received their medicines safely.

Most people and their relatives told us they were happy with their care calls and received them on time.

People were cared for by staff who had the required skills and support to carry out personal care. People's human rights were protected as they consented to their care and support. People were supported by staff who understood the principles and application of the Mental Capacity Act.

People were happy with the support they had to eat and drink. People were given choices about what they ate and drank and specialist dietary requirements were identified and appropriately managed. People were supported to maintain good health and had access to healthcare when required.

People were supported by staff who treated them with kindness. People were involved in making decisions about how their care and support was provided and staff supported people in a way that maintained their privacy and dignity and promoted their independence.

People and their relatives felt involved in the assessment, planning and review of their care and support needs. People and their relatives knew how to raise a concern or complaint and the provider took action to address and resolve complaints.

People and staff were encouraged to give feedback on the service. Staff felt supported in their roles and understood their responsibilities. The provider's systems for monitoring and checking the quality of the service were effective in identifying areas for improvement and the registered manager demonstrated a commitment to the continuous development of the service.

## 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.

People received support from staff who understood how to keep people safe. People were supported by staff who were recruited safely. People's risks were assessed and managed. People received medicines safely and as prescribed.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had the skills and support to carry out effective care and support. People's consent to care and support was sought and staff had an understanding of the principles and application of the Mental Capacity Act. People were offered choices of food and drink and specialist dietary requirements were identified and appropriately managed. People were supported to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People received support from staff who treated them with kindness and respect. People were involved in making decisions about their care and support. People's privacy was promoted and they were supported to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and review of their care. People were supported by a staff team who had a good understanding of people's needs and preferences. People and their relatives knew how to raise a concern or complaint and the provider took action to address complaints.

### Is the service well-led?

Good ●

The service was well led.

People, relatives and staff were provided with opportunities to give feedback on the development of the service. Staff understood the expectations of their role and felt supported by the registered manager and provider. The provider had systems in place to monitor the quality and consistency of the service and used information from checks to drive improvement.

# Sevacare - Telford

## **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 13 and 14 October 2016 and was announced. We gave the provider 48 hours' notice because it is a domiciliary care agency and we needed to be sure that they would be in. The inspection was undertaken 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.

We reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. Before the inspection, the provider 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. We also contacted the local authority commissioners and safeguarding teams for information they held about the service. We considered this information when we planned our inspection.

We spoke with seven people who used the service, four relatives and three members of staff. We also spoke with the registered manager and the area manager.

We reviewed a range of records about how people received their care and how the service was managed. These included five care records of people who used the service, four staff records and records relating to the management of the service such as quality checks.



## Our findings

People told us they felt safe in relation to the care and support they received. One person said, "Yes I certainly feel safe". Relatives we spoke with also felt their family members were safe. People told us they knew how to raise any concerns about their safety. One person said, "I would ring the office in the first instance".

People received support from staff who had a good understanding of how to protect people from the risk of harm and abuse. Staff we spoke with understood how to recognise harm or abuse and knew their responsibilities in reporting any concerns relating to people's safety. One member of staff said, "If I suspected abuse I would inform the registered manager who then refers this to the local authority adult protection team". They went on to say, "If I suspected that the concerns were not acted on I would contact the local authority myself". Staff were aware of the provider's policy to report concerns about staff practices, and told us they would be confident to use it if required. One staff member told us they had used the policy and the provider had taken appropriate action to address their concerns. Staff told us they received training in keeping people safe and records we looked at confirmed this.

Risks to people had been assessed and were being regularly reviewed to reflect any changes. Risk assessments included environmental risks, such as any risks identified within the home and risks associated to people's health and support needs. For example, people who were at risk of fragile skin were having their skin regularly checked and monitored. Staff had a good understanding of people's risks. They were able to describe how they might minimise risks and support people safely. For example, ensuring people had the appropriate equipment to support them to mobilise safely. Staff told us that they received information promptly where a person's risks had changed.

Accidents and incidents were recorded and investigated. Staff knew how to respond in the event of an accident or incident and how such issues were reported and recorded. The registered manager said, "All accidents and incidents are recorded and analysed. We look to see if there are any patterns and trends and the information is used to update people's risk assessments and management plans". They told us how they had noticed a person was falling regularly and the action that had been taken to reduce the risk of falls which included a referral to the falls prevention team. We also saw the provider was completing regular checks on the equipment people were using, such as hoists, to ensure they were well maintained and in good working order.

Most people and their relatives told us they received their care calls on time. One person told us, "Nine times

out of ten they are on time and they will ring if they are going to be late". However some people and their relatives told us care calls were sometimes late. One person said, "Sometimes they can be as much as half an hour late". One relative said, "It's not always the care workers fault, this morning they came and they were almost an hour late". Staff we spoke with told us they felt there were sufficient staff to ensure people were safe and their needs were met. However, some felt that staff absence occasionally resulted in staff having to pick up more calls which meant they could be very busy. This meant that there was an increased risk of late calls or calls being rushed during these times. Despite this people told us their care needs were always met. One person said, "Occasionally they [staff] say they have to be quick but they always do the job and ask if there is anything else before they go".

People were supported by staff who had been recruited safely. Staff we spoke with told us the provider sought at least two employment references and checks with the Disclosure and Barring Service (DBS) were completed before they began working at the service. DBS checks help employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. One staff member we spoke with said, "I was not allowed to start work until references had been checked and the DBS was returned". Records we looked at confirmed this.

People who required support to take medicines received their medicines on time and as prescribed. One person said, "Yes they sort my tablets for me and they write it down". A relative said, "They haven't missed anything". People were given their medicines by a staff team who had received appropriate training and had been assessed as competent to administer medicines by a senior member of staff. Staff we spoke with told us they were subject to regular spot checks to ensure they were giving people their medicines in a safe way. We looked at people's medicine administration records and found people were given their medicines as prescribed. We looked at the systems used to manage medicines and saw the registered manager completed audit checks to ensure people received their medicines as prescribed.





## Our findings

People and their relatives told us staff had the right skills to meet their needs. One person said, "They are pretty good like that, they know how to deal with my catheter and things". Staff received an induction which consisted of training and shadowing more experienced members of staff before they supported people on their own. Staff who were new to working in care had the opportunity to work through the Care Certificate. The Care Certificate sets minimum standards that should be covered as part of induction training for new care workers. Staff training was sourced depending on the needs of people receiving services. We looked at training records and saw staff received regular ongoing training. All the staff we spoke with confirmed they received one to one meetings and had regular contact with the registered manager. People were supported by staff who were suitably trained and received support to enable them to provide effective care.

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. During this inspection we looked to see if the provider was working within the principles of the MCA and found that they were. People were supported by staff who sought their consent to care and support. One staff member said, "We ask people, we accept their decisions and never force anyone to do something they don't want to". Staff had received MCA training during their induction and had an understanding of the principles and application of the MCA. One staff member told us, "Capacity is about the right to make your own decisions, you have to make sure people have the means of communicating their decisions with you where they have capacity but struggle to communicate verbally". Staff told us where people lacked capacity decisions must be made in their best interests. Staff were able to tell us about people who lacked capacity and of the specific decisions they were able to make for themselves and those decisions that were made in their best interests. Records we looked at confirmed this. The provider had records of relatives who had the legal right to make decisions on behalf of people and had verified that relatives had this legal right. People's human rights were protected.

People were happy with the support they had to eat and drink and told us they were offered choices. One person said, "I tell them what I want, I make my own choices". A relative we spoke with told us, ""Staff always ask what [person] would like to eat and if they want a drink making". Staff told us they gave people choices of food and drink and supported people to make decisions where they were having difficulty doing so or communicating their preferences. For example, by showing them what food and drink they had available.

Staff told us they made sure people had access to food and drink in between calls. A relative confirmed this, they said, "Before staff go they leave [person] a drink and a snack on the side". Staff were aware of the support people required to assist them to eat and drink. They were also knowledgeable of the specialist diets people had and how to manage them. For example, people who lived with diabetes were supported to eat the appropriate recommended diet to help to manage their condition. People had the support they required to make choices about what they ate and drank and their dietary requirements were catered for.

People were supported to maintain their health. Most people we spoke with told us they managed their healthcare appointments themselves or with the support of relatives. However, they told us staff were able to identify a change or deterioration in their health and take the appropriate action. For example, one person said, "They do notice and make a note of it, they encourage me to call the doctor and inform the manager of the steps they have taken". Staff knew what to do if they noticed a deterioration or change in a people's health or well-being. People's care records contained details of the referrals that had been made to healthcare professionals, such as district nurses. Staff were following recommendations from healthcare professionals. For example, where there were concerns about fragile skin this was being monitored and the appropriate creams were being applied. People had access to healthcare when they needed it and any changes in health or well-being were acted on.



## Our findings

People and their relatives told us staff treated them with kindness. One person said, "They are all very kind and nice". Another person told us how they had been taken ill and were taken to hospital by ambulance. They told us how the staff member had followed them to the hospital to make sure they were ok. People told us they developed positive relationships with staff and found staff to be supportive. One person said, "They are lovely girls I get on with them". Another said, "I can ask staff for advice if I am a bit confused about something and they will help me". A staff member told us how they took the time to take a person to their window so they could see out into the garden as they liked to do this. They told us, "I like helping people I try to make a difference, I enjoy going to visit people and they look forward to seeing you". Staff were subject to spot checks of their practice which included looking at the ways in which staff interacted with people and gaining feedback from people about the care they had received. They said, "Care that is provided should pass the mum test, it should be good enough for your own relative to receive it". This showed that there were systems in place to ensure people were treated in a kind and caring way.

People were involved in making day to day choices and decisions about the care they received. One person said, "I tell them what I want, I can make my own choices". Staff told us how they encouraged and supported people to make choices about the care and support they received. One staff member said, "We ask people what they want, if people are unsure we may show them some options to help them to make a decision".

People were supported and cared for by a staff team that treated each person with dignity and respect and supported people to maintain their independence. One person told us, "I am not uncomfortable when they are helping me with personal care, they keep me covered up as much as possible". A relative said, "They treat [person] with dignity". Another person told us how staff washed their back and areas of their body they struggled to reach but they let them wash the parts of their body they could do themselves. They said, "They give me as much independence and dignity as possible". A relative we spoke with said, "They let [person] do what they can and just help if needed". Staff had a good understanding of the need to maintain people's privacy dignity and independence and gave us examples of how they might do this. For example, one staff member explained to us how they asked people if they would like to take part in completing daily tasks such as helping to make their own meals.



## Our findings

People and relatives told us they were involved in the assessment and planning of their care. One person said, "I did help with the planning in the beginning". A relative said, "They made sure I was there with [person] when they planned the care". People and their relatives told us their care needs were regularly reviewed and they were involved in this process. The registered manager told us care reviews were completed at least annually but may be more frequent depending on whether there was a change in people's risks or care needs. Records we looked at confirmed this. Care records we looked at detailed people's individual care needs, the support required and how these should be met.

People felt staff had a good understanding of their care and support needs, individual preferences, routines and interests. One person said, "I like having my back scrubbed, it's in my care plan, the carers read it and laugh when they see that bit". A relative said, "The care and support has been tailored to [persons] needs". People received a 'meet and greet' session when they started accepting care from the service. Staff told us this gave them the opportunity to get to know people and their needs and preferences. They also told us they were usually allocated to the same people which helped them get to know people better. The majority of people and relatives we spoke with confirmed they had consistent staff attending their calls. One person said, "I have one main carer others will come if they are away". A relative said, "They try to send the same carers". The provider was monitoring the consistency of staff to ensure people had regular staff who knew them well. The provider was keen to ensure they were meeting people's specific needs. The registered manager told us "We are trying to provide care to people in community based settings so people can maintain their independence and we can meet people's specific needs".

People and their relatives knew how to raise a concern or complaint and were confident their concerns would be listened to and acted on. One person told us they had raised a complaint about the consistency of staff visiting them and that this had been resolved. A relative said, "I have not made a complaint, but I would know how to, I have the phone number". The registered manager told us they completed regular visits to people to check they were satisfied with their care. They told us this gave them the opportunity to act promptly on any concerns or complaints. Complaints were recorded and any actions taken to resolve the issues were documented.



## Our findings

Most of the people and relatives we spoke with felt the service was well managed and said they would recommend the service to others. One person said, "I think it is a well-managed service, I don't think it was in the beginning but there are new people now". A relative said, "They go out of their way to make sure they do a good job, everybody has hiccups but they get them sorted".

People were cared for by a staff who were clear about their roles and responsibilities. For example, staff knew the provider's policies and procedures and were using them appropriately. Staff were supported to perform their role. Staff told us the registered manager was supportive and approachable. One staff member said, "The registered manager is really nice, very approachable and nice to work for. They let you know they are only a phone call away". We found the provider had met their legal obligations relating to submitting notifications to CQC and the local safeguarding authority. The registered manager told us they regularly kept up to date with current guidance, best practice and legislation by attending regular training, attending conferences and keeping up to date with the requirements for a registered person. The service had received the investors in people accreditation which demonstrates the service had good systems and processes in place to manage and support staff.

People and staff were given the opportunity to provide feedback on the service. For example, through the use of an annual survey and regular reviews of people's care. One staff member told us, "The registered manager likes to speak to families to check they are happy with their care". Feedback from people and staff was analysed and action plans were developed so that the information from these surveys could be used to drive improvement. The registered manager had recently started to complete a feedback forum. They said, "We did the first one in July it's open to anyone so they can have their say, it went well and we are looking to continue with these". Staff told us they were given opportunities to give their feedback on the service, for example through team meetings or the annual staff survey. One staff member said, "You are able to put ideas forward and can make suggestions, the registered manager will listen and will try new thing or ways of working". Another staff member told us how they had suggested specific training would be useful and this had been arranged.

The registered manager was keen to engage with the local community. They told us they had completed an Alzheimer's awareness day which had been successful in raising funds for the Alzheimer's society. The registered manager was trained as a dementia friend and had recently joined the dementia action alliance which supports organisations to improve the lives of people living with dementia. The registered manager had arranged further training for staff through this service and told us they were keen to improve care and

support for people living with dementia. We saw that the service actively promoted the work of other organisations and activities available to people in the community. For example, the service held leaflets and information on other services that people could engage with to enhance their well-being, and had links to advocacy services for people who required this.

The provider had systems in place to keep people and staff up to date with service developments, such as newsletters, which were sent out to people and staff on a regular basis to keep people informed of current issues, feedback and any actions taken, service developments and good news stories.

There were effective systems in place to monitor the quality of the service and drive improvements. Regular checks on the quality and consistency of the service and spot checks on staff were carried out. Staff were informed of the findings of these checks and any actions that needed to be taken to improve care. One staff member said, "Things are checked and the registered manager will let you know if it is not the way it should be". Records we looked at confirmed this. Information from checks was analysed and used to drive improvement. For example we saw there had been an action to introduce team meetings following an internal audit. Records we looked at confirmed that this action had been completed. Audits were effective at identifying areas for improvement, or errors, and we saw action was taken to address this. For example a medications audit had identified an error, we saw this had been investigated and appropriately dealt with. The registered manager was committed to continuous improvement. They had a good idea of how they wanted to develop the service and had started to make progress with these ideas.

Some people and their relatives felt that the service could be further improved if the issues regarding visit times and allowing for staff travel between calls. For example, One person said, "If they improved travel times that would increase time for a caring chat, five minutes talking would do me more good than anything". We spoke with the registered manager about this and they advised us of the measures they had in place to monitor and address these issues, which included checking arrival and departure times, spot checks, and reviews with people and their relatives.

Records we looked at confirmed this. We saw where late calls had been identified action had been taken and additional measures were in place to check staff were attending calls on time, and calls were being carried out for the required duration. There were sufficient systems in place to manage staff absence and we saw time was allocated to allow staff to travel between calls. However the registered manager told us they would explore these concerns further and look to see what further improvements could be made to improve people's experiences.