Care Quality Commission

Sevacare (UK) Limited

Sevacare Lewisham

Inspection report

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Ratings

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

Overall summary

Sevacare (UK) Limited is a national provider of care and support services to people in their own homes. At the time of our inspection, Sevacare Lewisham provided care to 145 people who lived in their own homes in the London boroughs of Lewisham, Greenwich, Bexley and Bromley.

This inspection of Sevacare - Lewisham took place on 12 and 21 January 2015 and was unannounced. The service was last inspected on 6 November 2013 and they met all the regulations checked at that time.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found there were a number of breaches of legal requirements. There were times when people did not receive care and this put their health and

Summary of findings

welfare at risk. For instance sometimes people did not receive help to go to or rise from bed and sometimes they did not receive their medicines because visits had been missed.

At other times staff did not have appropriate information, guidance and support to provide care which adequately met the person's needs. This put them at risk of receiving inappropriate care. For example staff did not have adequate guidance about assisting with meals to meet the person's nutritional needs. Although some risks were considered, the risks associated with pressure care were not properly recorded and attended to.

The CQC was not always informed about issues the provider is required to tell us about.

Although people said they trusted and liked their regular care workers at times they were sent alternative staff and they were not told who was coming to assist them. While staff were all trained and familiar with the principles of care they were not familiar with people's particular needs.

People had the opportunity to raise concerns and care workers were replaced if people raised anxieties about them.

You can see what action we told the provider to take at the back of the full version of the report.

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?

Inadequate 

The service was not safe. People did not always receive care as arranged. Some people had been left without help with their care needs, including personal care and help with medicines. People sometimes received late visits because of allocation of work which did not take adequate account of journey times.

Risks were assessed but there was inadequate consideration of risks associated with pressure care and some medical conditions.

Staff were trained in safeguarding and knew the action to take if they felt someone was at risk of harm. Recruitment procedures were safe and checks of staff suitability were carried out before they began work.

Is the service effective?

Requires Improvement 

The service was not effective. Staff received induction training and updates in safeguarding and manual handling but there was little on-going training available.

Although managers provided staff with some supervision and support to ensure they cared for people well it was inconsistent and irregular.

People were assisted by staff to prepare meals and drinks however staff did not always ensure their nutritional needs were met.

People said their regular care staff were observant and if they needed medical attention they helped them.

Is the service caring?

Requires Improvement 

The service was not caring. People felt cared for by their regular care staff and felt they knew their needs and had trusting relationships with them. However they were less sure that they were cared for by replacement care staff.

Relatives who had been disappointed by the care their relative received felt the organisation was not caring. They felt upset by their failure to respond to them and address their concerns.

Is the service responsive?

Requires Improvement 

The service was not responsive. People felt that when they called the out of hours team they were not always helpful. If a person raised a concern about members of care staff they were replaced. Complainants did not always receive a written apology.

People had the opportunity to contribute to their care plans by describing their needs and wishes. People's diverse needs were taken into account in the provision of care.

Summary of findings

Is the service well-led?

The service was not well led. Monitoring systems did not always detect problems such as missed visits.

Although there were systems for the provider to stay in touch with the local branch and be aware of activities there insufficient action was taken in response to issues of concern.

The manager did not notify the Care Quality Commission about all the issues they were required to.

Inadequate

Sevacare Lewisham

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 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. We received advice from the CQC pharmacy team about medicines.

Before the inspection we received a provider information report (PIR) about the service. The PIR asks providers to tell us some key information about the service, what they do well and what they plan to improve. We looked at other information we held about the service including notifications of incidents which the provider is required to inform us about.

We spoke with 12 people who use the service and six relatives. We also spoke with 11 staff members, including six support workers, three care co-ordinators, the registered manager and the care services regional manager. We asked for feedback about the service from four local authority contract monitoring officers and received three responses to our requests. We received information from a local authority social worker involved with one of the people who used the service.

When we visited the Sevacare Lewisham office we viewed a range of records, including five care files and three recruitment files. We also saw documents related to training, complaints, staff support and the management and quality monitoring of the service. The registered manager and care services regional manager provided documents requested after our visit to the office.

Inadequate

Is the service safe?

Our findings

People were at risk because the service was sometimes unreliable and their care needs were not met. People did not always receive care as arranged. Three people told us that sometimes care staff had not arrived to provide care as planned and the agency had not told them that the support worker could not attend. Two people could not get out of bed without the assistance of a support worker so had to stay in bed until someone arrived. The third person said they could get out of bed, but could not wash independently, so had no assistance with their personal hygiene when support workers did not arrive. A relative told us their parent had not received visits on several occasions including one when they needed help in the evening and Sevacare Lewisham "couldn't get anyone out to put her to bed".

Some people experienced late visits because of poor allocation of work to care staff, particularly when covering staff absences. Some people needed assistance from two people with moving and handling tasks, for example when they needed to be helped using a hoist, these visits were referred to as 'double ups'. Staff told us they often had to wait for the second member of staff to help them and this meant the person received a late visit. One staff member said "There are problems with double ups." And said that the second person sometimes did not arrive at the correct time, which they believed was because the work was not allocated well. They said this was a frequent occurrence when work was organised by the 'out of hours' team which worked at weekends and before 9am and after 5pm on weekdays. The out of hours team was based in the Midlands. Staff said they believed the staff in the Midlands had insufficient knowledge of the local area where Sevacare Lewisham provided care so their allocation of work did not take adequate account of travelling times.

Assessments were conducted of risks presented by matters such as moving and handling and falls. A recent moving and handling risk assessment completed for one person clearly stated how to minimise the risks and detailed the equipment to be used and the number of staff required to assist. Risk assessments and care needs were reviewed each year but often the review was conducted by telephone and notes of the calls did not show that a detailed review had taken place.

People were at risk of poor pressure care management. We saw skin integrity risk assessments were undertaken when needed. The recorded outcome of the assessments was that 'skin monitoring assessments' were needed to assess if people's skin condition was changing. We asked to see this document and were told that the care staff would record information about the person's skin and any problems that had developed in the general daily care notes, one set of which were not available to us as they were at the person's home. We saw another record of a person with similar skin integrity issues. Although this person was recorded as spending most of their time in bed or in a chair there was no risk assessment regarding pressure care and in the care notes we viewed there was no reference to their skin integrity.

People were not assisted by care workers who understood their medical conditions and needs. Care staff had insufficient information about risks associated with people's medical conditions. We did not see risk assessments relating to some aspects of people's needs. These included the risks associated with medical conditions such as diabetes and epilepsy. Both of these conditions could present dangers to the person and care staff would need to know how to respond in an emergency to maintain their safety and well-being. Individual guidelines and risk assessments were not present in care records for staff to be aware of action to take in an emergency or how to recognise signs that people needed medical attention.

People were at risk when the registered person failed to deliver care; they were also at risk of receiving inappropriate or incorrect care and support to meet their individual needs. This was a breach of Regulation 9(3)(b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Support staff did not have sufficient information to help people with their medicines. Staff had been trained in handling medicines and knew the names, doses and when people took medicines they assisted them with. However they did not have information about what the medicines were for. A support worker we spoke with said they knew what the person's health conditions were, so assumed the medicines were to manage these. Another support worker said they assisted a person with tablets but they were not informed what they were for. None of the support workers had received information about the purpose of the

Inadequate

Is the service safe?

medicines they assisted people with. People were not able to make a specific request in relation to their medicines. For example if a person wished to take a medicines for pain earlier than usual, if care workers did not know which medicines this was, they could not assist the person properly.

People were at potential risk from the unsafe use and management of medicines because they did not receive their medicines at the time they needed them. This was because visits to people had been missed. A carer said their relative missed three visits in a month and on these occasions did not receive medicines, which put their health and well-being at risk. They said at other times the staff member had arrived late and their relative had received their medicines later than they should. This was a breach of Regulation 12(2)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People said they felt safe with the care staff and believed they could be trusted in their homes.

Staff were trained in how to recognise when a person may have been at risk of abuse and knew they should report any concerns to their manager. Staff showed that they were alert to the possibility of abuse and said if they saw a colleague acting in a way that was potentially abusive they would report the matter to their managers. Staff were confident that if they reported a concern it would be dealt with properly and reported to the correct authorities for investigation. Issues regarding allegations of abuse had been reported to the safeguarding department of the local authority for them to investigate.

There were 123 staff available at the time of our inspection to provide care for all of the people who required it. This was sufficient to provide care for the people who required it.

Recruitment processes were safe. We looked at three recruitment records and found appropriate checks and references were taken up before staff began work. These included criminal records checks, references, including one from the previous employer and checks of the person's work history. Appointments to posts were confirmed when staff had successfully completed a six month probationary period.

People were protected against the risk of infection as the provider had arrangements to protect them. People said staff washed their hands before helping them and wore protective clothing including gloves and aprons. Staff were trained in infection control procedures.

Requires Improvement

Is the service effective?

Our findings

People could not be confident that care workers were knowledgeable about their specialist needs.

Staff training did not reflect the specialist needs of some of the people who used the service and there were inadequate arrangements for on-going training. Staff received a four day induction training course when they began working for Sevacare Lewisham. The induction training covered topics which were essential for their work. These included safeguarding people from abuse, personal care, catheter care, pressure sore awareness, health and safety, fire awareness and moving and handling. Support staff said they had received little further training after that, apart from 'refresher' courses every two years in safeguarding and moving and handling.

People with dementia were cared for by staff trained in the condition. However people with conditions including stroke, motor neurone disease, epilepsy and Parkinson's disease were cared for by staff who had not received training or information about the conditions. Some staff said they knew about some conditions, such as Parkinson's disease from training received in previous jobs, although they had not been provided with information by Sevacare Lewisham.

Although managers provided staff with some supervision and support to ensure they cared for people well it was inconsistent and irregular. Sevacare Lewisham had a policy that they would provide supervision by two methods, meeting with senior staff in the office and by senior staff carrying out 'spot checks' while they were working with people. The frequency of these support sessions did not meet their targets which Sevacare Lewisham had set, of four to five a year. A care coordinator told us they would do spot checks when people were working with people at an average of five times a year but this was not borne out by records or reports from staff. One staff member said the supervision and spot checks from senior staff were infrequent saying they were "few and far between" and felt the care staff should receive more spot checks. Another person who had worked with Sevacare Lewisham for less than a year said they received supervision every three months but had never had a spot check.

Staff did not have opportunities to meet with the rest of the team and with senior colleagues to receive support. Two staff told us they had never been to a team meeting, the others said they had but not for a long time. The most recent team meeting took place in June 2014 although we were told that another was planned for two weeks after our visit. This would have been a seven month gap between meetings which was too long to provide effective support to care workers.

This was a breach of Regulation 18 (2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Sevacare (UK) have policies and procedures in relation to the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We did not find any evidence of any restrictions imposed upon people.

People who had help to prepare meals said they chose the food to eat and the staff prepared it properly. They said support staff always offered them a drink and made what they requested to eat. When visits were missed or were later than arranged people did not have meals when they needed them. For people whose health conditions required they had food and drinks at particular times this presented a risk to their health and well-being.

People could not be confident they would receive assistance with food and drink which met their nutritional needs. We saw an assessment that stated the person had diabetes and required assistance with meal preparation. There was no reference to diabetes in the care plan and no information about how to assist the person with meals that addressed their medical needs. In another situation a relative told us the care staff did not follow instructions they left for them about what to give their relative for a meal. The care staff did not look at the instructions and as a result the person was given food which was inappropriate and did not meet their nutritional needs.

People were happy with their regular care staff and felt that their needs were met. Some people gave a range of positive views including, "She's a good [care worker]" and, "They always ask if there is anything else to be done." People felt regular care staff were well trained and "knew what they were doing."

People said their regular care staff were observant and if they needed medical attention they helped them. One person said their care worker had noticed on a visit that she was unwell and called an ambulance. Another person said "They will notice things. They are experienced. They

Requires Improvement

Is the service effective?

would tell me and discuss it if they had noticed anything [was wrong]". People said the care staff who visited them when their regular care worker was away were less experienced and they felt less confident in them knowing what to do if they were unwell.

People said the care workers were flexible and would come early if they needed to get ready for a hospital appointment. A relative of someone who could not be left for long said if they had a hospital appointment the carer would come earlier so that they knew the person was not left alone. Referrals to other agencies such as occupational therapy services had been made by Sevacare Lewisham when they had identified that people's needs were not being adequately addressed.

Requires Improvement

Is the service caring?

Our findings

People who had experienced missed visits and poor communication with office based staff believed the approach of the organisation was not caring and one relative said, “They just don’t care.” They said office staff were polite when they spoke with them on the telephone. However these staff had not returned phone calls as promised and they felt this showed a lack of respect for them and the person that used the service.

Some people told us that they could not be confident that a care worker they knew would attend to their needs. Although the Sevacare statement of purpose stated “Whenever new care workers are assigned to a service user we endeavour to introduce the care worker prior to commencing duties” this did not always happen. People told us that sometimes the care worker who came was not familiar to them and they had not been told that someone they did not know would attend. Only five people said they were always told replacement carer’s name because they insisted on being told. Seven people said they were not told the names of replacement carers. A member of staff also told us that office staff “don’t inform [a person] if a new worker is coming.”

People said their regular carers knew them well and knew how they liked to be cared for. They said they had good relationships with them. Staff expressed their regard for people they cared for and said how they wished to do their best for them. One staff member said they realised how important their visits were to people, saying “I like my clients, and they look forward to seeing you.” They said this was why they did not want to let them down and why being reliable was so important, but felt frustrated when they were late because of poor allocation of work.

People said they were comfortable with the staff; one person said “I am very happy with my regular carer.” Another person said they were particularly appreciative of the help they received after a stay in hospital saying, “[the care worker] was very helpful after I had my operation.” People felt that the staff who cared for them best were their regular carers who knew them well and with whom they had built a trusting relationship and felt they could rely on.

People had made comments about care staff during care reviews. The comments we saw included, “The carers do anything for me,” and’ “all the carers are very good.” People said they were treated with dignity and respect by care staff. Both men and women who used the service told us they were glad their carers were the same gender as them and this had been their preference. Sevacare Lewisham had a policy which promoted ‘dignity in care’ and this formed part of the staff induction to the organisation. Staff were informed of the need to maintain people’s dignity during their care work.

Requires Improvement

Is the service responsive?

Our findings

People told us that when they called the out of hours team they were not always helpful. A relative we spoke with said they had raised concerns with the office and the out of hours team and they were not satisfied with their response. The complaints procedure stated that complainant would always receive an apology about their dissatisfaction with the service but we noted that this was sometimes only made verbally.

People had the opportunity to contribute to their care plans by describing their needs and wishes. We saw a person's assessment which stated the name they would like to be called, their preference regarding the gender of the care staff to help them and detailed descriptions of how to carry out personal care tasks. A person had included in their care plan a description of how their condition affected them and their preferences for how the carer should help them. For example they described how to use their hoist in a way that was most comfortable and safe for them.

People told us that Sevacare Lewisham asked them about whether the care met their needs and their opinions of the service provided, but this had not happened regularly. One person said they had never been asked and another said only once in over 3 years. Some said someone from the office came every 4 months, others said once a year. The records showed that reviews were inconsistently completed, some involved a detailed full review visit and others were telephone conversations.

People's diverse needs were taken into account in the provision of care. One person needed help with meal preparation including the meals which reflected their cultural background. The worker allocated to provide care shared the person's culture so understood and could provide for their particular needs.

Documents for people who used the service were available in a range of formats to meet people's individual needs. For example the statement of purpose and service user guide were available in large print or on an audio cassette in English or any other language on request.

An annual survey was conducted in October 2014. The results were analysed by staff at the Sevacare UK central office and areas for improvement were identified. The registered manager received the outcome of the survey during our inspection. She said she would create an action plan to address areas where concerns were raised.

People were informed how to make complaints as the procedure was in a document people were given when they first began to use the service. One person we spoke with said they did not have any information about how to make a complaint. This had been identified in the annual survey as an area to be addressed. People told us that if they made complaint about a worker being unsuitable the office made sure that worker did not come to them again.

In the year before our inspection there had been four complaints. Two of these were upheld and one was partly upheld. Most of the people we spoke with were confident that if they spoke with the office about problems with their care they would do what they could to make things better.

Inadequate

Is the service well-led?

Our findings

The manager did not notify the Care Quality Commission about all the issues they were required to. We were informed when a person had made an allegation of theft but we were not informed when a person had raised a concern about missed visits and poor care which was investigated under safeguarding procedures. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We found that management systems did not adequately address how to improve the service people received. Although there were management systems in place such as audits and reports to the central management of the organisation, these had failed to identify and address shortfalls in the service which had led to people's needs not being met. For example the lack of satisfaction with the out of hours team had been identified prior to our visit but initial efforts to resolve the situation had not been successful. Complaints had been raised about missed visits and although these had been investigated this had not led to an overall review of the way care was allocated to prevent recurrence. Audits of care plans did not identify areas where we saw gaps, such as in the risk assessments, information about medicines and training care workers to meet people's specialist needs. This was a breach of Regulation 17(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We heard differing views from people about whether Sevacare Lewisham was well run. Some people felt the Lewisham office was managed well and one said they would recommend it but would tell people "not to put up with anything you don't like". One person told us the office "was not well run" as communication from the office to care staff was poor and this affected the care they received. For example although they had told the office they had a hospital appointment the message had not been passed to the care worker. Another person said they would recommend their care worker but not the office. A relative told us they did not feel their parent was at the centre of the organisation of the service and their needs were disregarded.

The team of office based staff that organised care had vacancies and staff changes during the last year. This contributed to the problems with some aspects of the work for which team leaders and care coordinators were responsible, such as spot checks, care reviews and staff support.

The registered manager acknowledged that reviews of care had been less regular during a period when they had vacancies on the care coordinator team.

People we spoke with who had dealt with the out of hours service did not believe that team was well run because of their failure to respond and allocate work efficiently. Care staff also criticised the out of hours team, explaining they did not give them information promptly – such as people's addresses - to go to provide care when their usual carer had failed to attend a person. They said their systems for allocating work did not take into account travelling times in London. We spoke with the registered manager about this issue after inspection and they told us about changes that have now been made to respond to these failings. They said that the out of hours team has been reorganised to be responsible for different regions so they could increase their knowledge of the area where they were allocating work. They also said the system has changed so there is closer liaison with staff from the local office and the out of hours team was able to use their local knowledge to ensure people received a more reliable service.

The registered manager was supported by a senior manager – the care services regional manager. She supported the manager during one of our visits and provided information for us. Registered managers of the branches run by Sevacare UK met together every two months and this provided peer support.

The central management team monitored weekly reports made by branch managers. We viewed some reports and saw they attention was paid to quality issues, such as complaints and compliments received. The registered manager said that the managers responded to the reports and made contact with them to discuss individual results. The organisation rewarded individual staff who had received the most praise by granting a monthly 'carer of the month' award. Some staff who had worked for the service for a long time have received 'long service awards' in recognition of their loyalty.

There were computer monitoring systems to look at care staff attendance at appointments to provide care. The system had highlighted some deficiencies in the system.

Inadequate

Is the service well-led?

We heard of one instance where improvements had been made in response to continual lateness by reorganising the care worker's schedule but we felt that attention to such occurrences was not close enough to lead to sustained improvements.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People were at risk when the registered person failed to deliver care; they were also at risk of receiving inappropriate or incorrect care and support to meet their individual needs. Person-centred care, Regulation 9(3)(b)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the unsafe use of medicines by making arrangements for the safe administration of medicines at times specified by the prescriber. Safe care and treatment, Regulation 12(2)(g).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not have suitable arrangements in place to ensure that staff are appropriately supported to enable them to deliver care safely and to an appropriate standard including by training and supervision. Staffing, Regulation 13(2)(a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person did not notify the Commission without delay of incidents, including allegations of abuse. Notification of other incidents. Regulation 18 (1) (2) (e)
	Service users were not protected against the risks of inappropriate or unsafe care by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users. Good governance Regulation 17 (2) (a)).